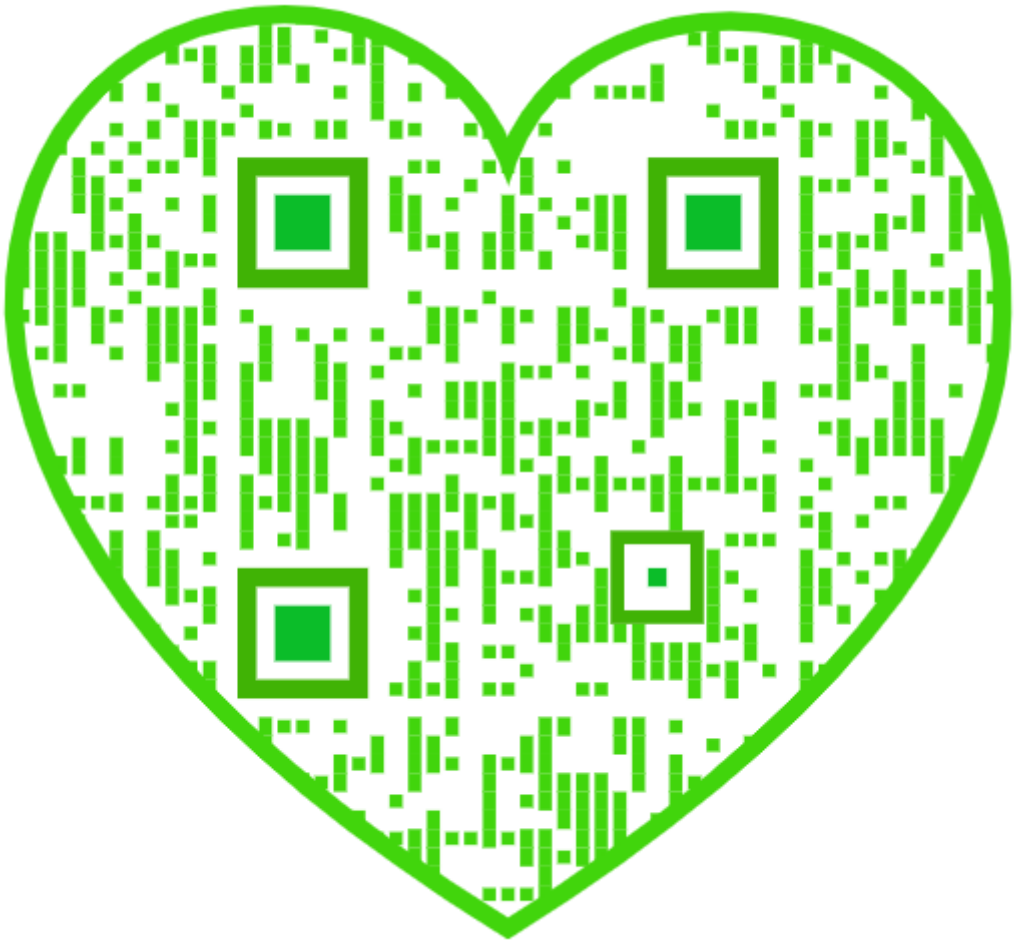
COLUMBIA LIBRARIES OFFSITE
HEALTH SCIENCES STANDARD
HX64146855
RC71 .C97 1887
RECAP

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS

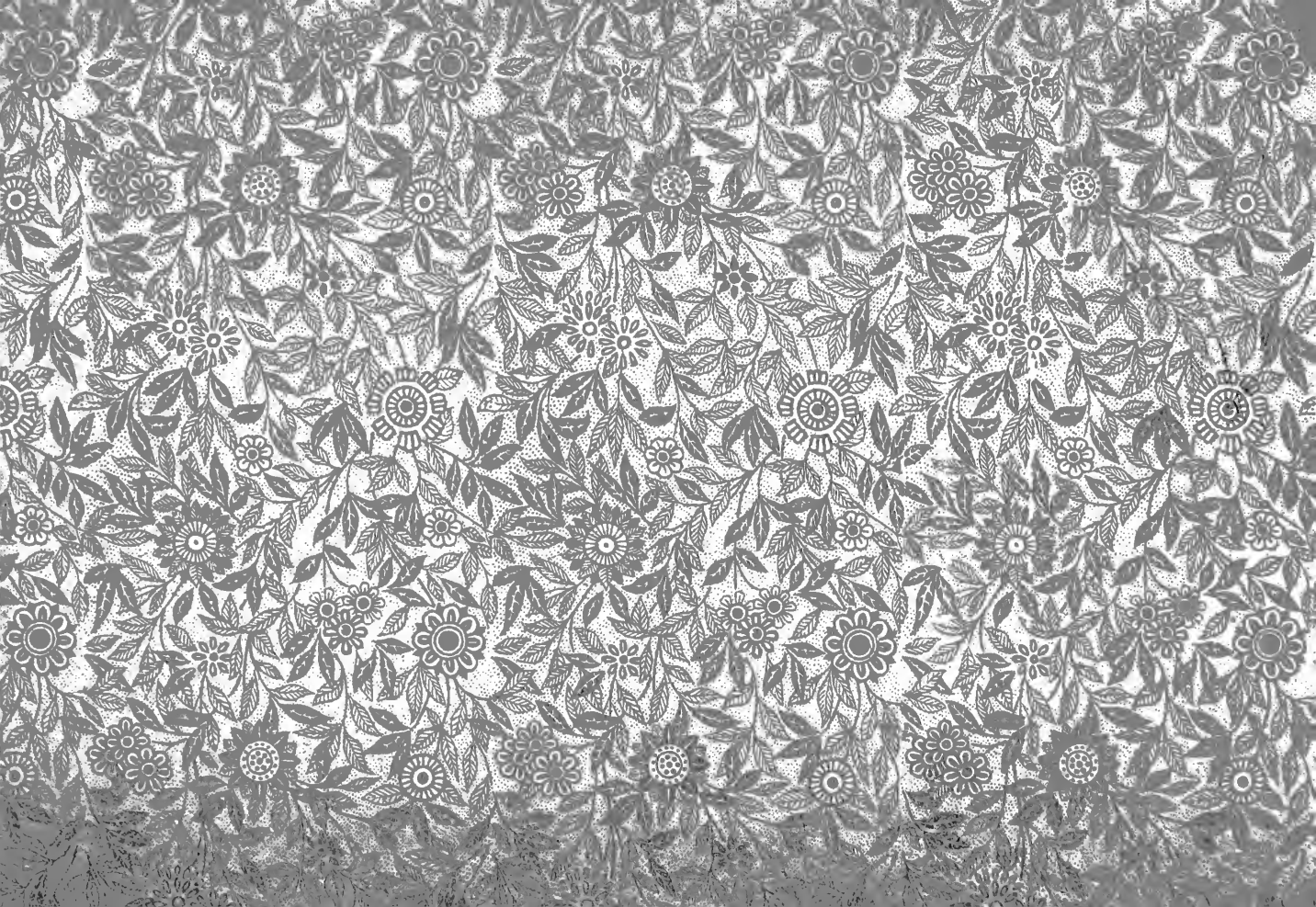


RC 71 C97 1887

Columbia University
in the City of New York

COLLEGE OF
PHYSICIANS AND SURGEONS
LIBRARY

Gift of
Dr. Hugh Auchincloss



Edgar A. Mumford

With the regards of

J. K. Bangs

April 88.

COLUMBIA
UNIVERSITY
MEDICAL LIBRARY

MANUAL

OF

DIFFERENTIAL MEDICAL DIAGNOSIS

BY

CONDICT W. CUTLER, M.S., M.D.

PHYSICIAN TO THE NEW YORK DISPENSARY, ASSISTANT SURGEON NEW YORK HOSPITAL, OUT-DOOR DEPARTMENT; LATE HOUSE PHYSICIAN BELLEVUE HOSPITAL, ETC., ETC.

SECOND EDITION, REVISED

NEW YORK & LONDON

G. P. PUTNAM'S SONS

The Knickerbocker Press

1887

COPYRIGHT BY
CONDICT W. CUTLER
1886

RC71
C97
1887

Press of
G. P. Putnam's Sons
New York

TO

CHARLES H. WILKIN, M.D.

THIS SMALL VOLUME

IS DEDICATED

AS A TOKEN OF RESPECT AND FRIENDSHIP

BY THE

AUTHOR

PREFACE TO THE SECOND EDITION.

This little work has rapidly run through its first edition, and has been favorably received by the profession and students in medicine.

In the preface of the first edition, published less than a year ago, I then wrote:

"In compiling this Manual of Medical Diagnosis I am fully aware of the uncertainty of the so-called characteristic symptoms of a disease.

"I have therefore endeavored in the following pages to contrast the symptoms of the diseases that are most liable to be confounded one with another, and have chosen for such symptoms those that will most readily call forth a differential diagnosis.

"Although not relying upon any one symptom as diagnostic, I have limited myself to those that afford the most striking contrast, and thus have avoided any unnecessary multiplication of the pages that are intended only to serve as a text-book."

In this new edition some few corrections are made, and a chapter on the differential diagnosis of coma added, which will, I trust, further increase the merits of the book and make it still more worthy of the approval of the profession.

150 West 53d St., New York, May, 1887.

CONTENTS.

	PAGE
Introduction	1
Diseases of the mouth and throat	13
Diseases of the lungs and pleura	21
Diseases of the heart and blood-vessels	37
Diseases of the digestive tract and peritoneum	51
Diseases of the liver	75
Diseases of the kidneys and bladder	89
Acute general diseases—fevers, etc.	107
Chronic general diseases—blood diseases, etc.	127
Diseases of the nervous system	137
Coma	159
Index	167

INTRODUCTION.

A CAREFUL examination of a patient is the first requisite toward establishing a diagnosis. To conduct this properly and to the best advantage a *systematic* examination of the patient will lead to the quickest and surest results.

First locate the disease, and then balance the symptoms struck, and the diagnosis is recast.

The following schedule will serve as a guide toward the proper examination of the patient, and lead the observer quickly and in the right channel to the seat of the disease, and then to the establishment of a correct diagnosis of his case.

I.—History of the Patient.

a. Hereditary predisposition.
b. Previous general health.
c. Previous diseases or injuries.
d. Habits of life.
e. Cause of the present sickness.
f. Date of the present attack.
g. Mode of invasion.
h. Subsequent symptoms in order.

II.—Condition of the Patient.

a. Position.
b. Aspect.
c. Skin.
d. Pulse.
e. Respiration.
f. Temperature.
g. Tongue.
h. Digestion.
i. Urinary secretion.
j. Sensations.
k. Intellection.
l. Examination of special organs.

Hereditary Predisposition.

Many diseases, among the most important of which are syphilis, cancer, tuberculosis, scrofula, etc., are hereditary. The observer, by establishing a family history of hereditary disease, is often aided materially in coming to a correct diagnosis of the case.

Previous General Health.

The usual general health of the patient is often of great importance for the diagnostician to know.

If the patient's health has always been good up to the present attack he is able at once to exclude certain wasting and debilitating diseases.

While, on the other hand, if the patient's previous condition has been a poor one, we at once look for a chronic ailment as being in some way connected with the present sickness.

Previous Diseases or Injuries.

The thorough knowledge of this important history will frequently lead to a correct diagnosis, for injury of an organ often results in its disease, while previous disease makes the patient either more or less susceptible to a similar attack. Thus if the patient gives a history of having had an eruptive fever, as small-pox, we would naturally at once exclude small-pox from our list of possible diseases which might be the cause of his present symptoms.

If, however, the patient had once suffered from Bright's disease of the kidneys, we would immediately inquire further into the condition of the urinary organs.

How simple many diagnoses would appear could we but get a syphilitic history from our patients.

Habits of Life.

The habits of men predispose them to certain diseases, hence the importance of inquiring into the regular habits of our patients. Thus, for example, sedentary habits lead to gastric, hepatic, and intestinal disorders; alcoholism, to cirrhosis of the liver, mental and nervous derangements, etc.

The CAUSE of the present attack, its DATE, its MODE OF INVASION, and the SUBSEQUENT SYMPTOMS in the order of their development are of the utmost importance, for by obtaining a full history of the same, the physician is often at once led to an immediate and correct diagnosis of his case.

Having thus obtained the *previous history* of the patient, let us now consider his *present condition.*

Position.

Is the patient in bed or out of bed? If in bed, what is his position? If feverish and in pain, he is restless and tossing about.

If suffering from acute peritonitis, there is dorsal decubitus and flexion of the thighs. If lying fixedly upon one side there is a probability that the action of the lung on this side is impaired.

If there is *orthopnœa* there is probably disease of the heart or respiratory organs.

If the patient is out of bed, we should notice his movements. In nervous disorders they are uncertain and trembling, and the gait often unsteady and staggering. In rheumatism, joint-disease, etc., affecting the lower extremities, the patient limps, while in many diseases of the back there is rigidity of the spine and a bending forward.

Aspect.

By noting the general aspect of the patient we at once derive knowledge as to the occurrence of œdema, corpulency, wasting, cyanosis, etc. Expressions of the face denote pain, stupor, apathy, collapse, etc. The eye frequently tells us at once the condition of the patient—whether delirious, stupid, or approaching death. The pupils are contracted in opium-poisoning (pin head) and hemorrhage into the *pons* (pin point) ; unequally dilated in apoplexy and compression of the brain, and rapidly dilate upon the approach of death, etc.

Skin.

By the state of the skin we judge of the activity of the circulation and secretions. Coldness of the surface indicates weakness of the capillary circulation, often due to interference of nervous power by some acute disease or nervous shock. A cold, clammy skin denotes diminished vital force. Jaundice occurs with derangements of the liver and blood-diseases. Eruptions occur with skin diseases and the exanthemata.

Pulse.

The pulse affords one of the most valuable means of information, and although it cannot be exclusively relied upon as a means of diagnosis it comes greatly to our assistance. The pulse enlightens us as to the action of the heart, and the condition of the arteries. The pulse differs in frequency, rhythm, volume, and resistance.

The *frequency* of the pulse is usually greatly increased in all acute affections and in fevers. In shock, in pressure on the brain, and in inflammation of the meninges of the brain a slow pulse is the rule.

The *rhythm* of the pulse is often perverted. The irregular action of the heart may arise from digestive disturbance, from the excessive use of tobacco or stimulants, from nervous exhaustion, but most frequently in cerebral or cardiac diseases.

The *volume* of the pulse often varies with its strength. Usually a full pulse is a strong pulse, but this is not always the case. A full, weak pulse, or "gaseous pulse," indicates great debility and loss of tone in the arterial system. A "gaseous pulse" is common in yellow fever and ether narcosis. On the other hand a small pulse is usually a weak pulse, but it may be tense and wiry as observed in peritoneal inflammations.

The *resistance* of the pulse is perhaps the most important guide as to the real condition of the patient. A hard pulse denotes a forcibly contracting heart and increased contractility of the arteries. A hard pulse is also associated with degenerative changes taking place in the arterial walls. A soft pulse is the pulse of low fevers and debilitated conditions.

By means of the *sphygmographic tracings*, we are afforded very delicate means for obtaining slight variations in the pulse, and may thus be assisted in diagnosing valvular diseases of the heart, aneurisms, etc.

Respiration.

By noting the frequency and character of the respiration we can frequently make a correct diagnosis of thoracic diseases without further examination. If dyspnœa is present, we at once suspect disease of the heart or respiratory apparatus. If pleurisy is present, the respirations will be hurried, short, and catching in character. The breathing is "panting" in pneumonia, and "labored" in capillary bronchitis.

The pulse and respiration should bear a nearly constant ratio to each other of about 4 to 1. If this relation is increased, cardiac failure may be suspected, but if the ratio is diminished, and the respirations are much increased in frequency, an examination of the respiratory organs will probably discover the cause.

Opium-poisoning, compression of the brain, diseases of the respiratory centre, etc., will reduce the frequency of the respirations.

Temperature.

The temperature of the patient is of the utmost importance in making a diagnosis. In all acute cases the temperature is, as a rule, elevated.

Usually the pulse and temperature rise synchronously; that is, for every degree rise in temperature, we may expect an increase of ten beats in the pulse rate. In some diseases, as typhoid fever, every week presents characteristic variations in the temperature.

Although we are apt to gauge the condition of our patient by his range of temperature, it must not be forgotten that in conditions of prostration, collapse, shock, etc., the temperature is often normal, or even subnormal. In cholera the temperature falls as low as 94°, while in sunstroke the temperature is frequently ob-

served to be at 112°. A patient seldom recovers if the temperature remains for any length of time over 108°.

Tongue.

The tongue not only indicates the condition of the digestive tract, but also gives us information concerning the state of the secretions, the blood, nervous power, etc.

If the movements of the tongue are tremulous, one-sided, or crippled, we are dealing with a disease of the nervous system. If the tongue is *dry* and cracked, or covered with sordes, there is good reason to suspect some acute febrile affection or marked depression of the vital forces.

A simply *coated* tongue occurs frequently with some digestive disturbance. The *color* of the tongue is red in the exanthemata, especially scarlet-fever (strawberry tongue), blue in asphyxia and obstructed circulation, etc.

Digestion.

The state of the digestion should always be inquired into. Vomiting occurs in many disorders, but frequently in diseases of the stomach and brain. Diarrhœa denotes a disordered state of the bowels. Chronic constipation is frequently the result of torpidity of the liver. Fœcal vomiting and obstinate constipation result from intestinal obstruction.

Urinary Secretion.

An examination of the urine should never be neglected. The kidneys are affected in so many diseases, that to establish a diagnosis it is often essential to know the condition of the urine.

In Bright's disease the urine contains albumen and casts; in

cancer of the kidneys, blood and cancer cells; in suppurative nephritis and pyelitis, a large number of pus cells; in cystitis, ropy mucous, etc.

Many poisons may be detected in the urine. In pneumonia the chlorides, and in carbolic-acid poisoning the sulphates are greatly diminished in the urine.

Sensation.

Frequently the most-marked symptom by which we can locate the disease is the pain.

Most all affections are painful, and the pain is usually referred to the seat of the disease. Thus, diseases of the brain are associated with headache; pleurisy, with pain in the side; sciatica, with pain along the course of the sciatic nerve, etc.

Not only is pain an important symptom, but disordered sensations, as numbness, hyperæsthesia, anæsthesia, and subjective sensations, lead us at once to associate the symptoms with affections of the nervous system.

Intellection.

In affections of the brain and in many acute forms of disease a deranged intellect is among the first symptoms. The derangement varies from a mere confusion of the mind to its entire perversion and prostration. Acute diseases are associated with stupor, delirium, and coma, while in chronic affections loss of judgment, memory, etc., are essentially noticeable.

Examination of Special Regions or Organs.

Having thus obtained a general history of the case, we are now prepared to examine some of the special organs of the body for the seat of the disease.

If we have reason to believe that we are dealing with a general disease, it is more than likely that some local lesion or complication may also exist.

It is therefore well to examine the special organs, as the heart, lungs, etc., and thus determine if some of the symptoms present are not due to, or modified by, some complicating condition.

Having thus determined the seat and character of the disease, let us by a differentiation of the symptoms arrive at a correct diagnosis.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE MOUTH AND THROAT.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE MOUTH AND THROAT.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Thrush	Follicular stomatitis.
Cancrum Oris	Malignant pustule. Ulcerative stomatitis.
Cancer of Tongue	Syphilitic ulcer of tongue.
Acute Laryngitis (croup)	False croup. Retro-pharyngeal abscess. Œdema of glottis. Diphtheria.
Chronic Laryngitis	Thoracic aneurism. Hysterical change of voice.
Œdema Glottidis	Croup. Thoracic aneurism. Asthma. Retro-pharyngeal abscess.

Thrush.

1. Removal of the white patch leaves an ulcer.
2. Disease parasitic in nature.
3. Redness around each spot.
4. Exudation not soluble in ether.

Follicular Stomatitis.

1. Removal of the exudation leaves a red surface.
2. Vesicular disease.
3. No zone-inflammation about exudation.
4. Exudation soluble in ether.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Thrush.	**Follicular Stomatitis.**
5. Severe gastro-intestinal symptoms.	5. Slight intestinal disorder.
6. Excoriation about anus and genitals.	6. No redness about anus.
7. Acid diarrhœal movements.	7. Diarrhœal movements may be alkaline.
8. *Oidium Albucans* found under the microscope.	8. Oil globules under microscope.
Cancrum Oris.	**Ulcerative Stomatitis.**
1. Begins on the cheek.	1. Begins on the gums.
2. Some constitutional symptoms.	2. Local symptoms.
3. Rapid progress of the disease.	3. Disease develops slowly.
4. Ulceration extends rapidly.	4. Slow ulceration.
5. Discoloration of the cheek.	5. No discoloration of cheek.
6. Cheek greatly swollen.	6. Cheeks but little swollen.
7. Constant flow of bloody pus and mucus from the mouth.	7. Salivation.
Cancrum Oris.	**Malignant Pustule.**
1. Begins in the mucous membrane.	1. Begins in the skin.
2. No severe constitutional symptoms at first.	2. Constitutional symptoms severe from the first.
3. Breath very foul.	3. Breath not offensive.
4. Pus and blood flow from the mouth.	4. No bloody discharge from mouth.
5. Some pain.	5. No severe pain.
6. Glands enlarged.	6. No enlarged glands.
Cancer of Tongue.	**Syphilitic Ulceration of Tongue.**
1. History of hereditary cancer.	1. History of syphilis.
2. Appears on the side of tongue.	2. Usually appears on dorsum.
3. Usually single.	3. Usually multiple.
4. Progress rapid and painful.	4. Progress slow and not very painful.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Tongue.	**Syphilitic Ulceration of Tongue.**
5. Ganglionic swelling.	5. No large ganglionic swelling.
6. Rare before middle life.	6. Appears at any age.
7. Ulcer has indurated base.	7. Ulcer not especially indurated.
8. Microscope shows an epithelial structure.	8. Microscope shows a small-cell infiltration.
9. Medical treatment no effect.	9. Medical treatment curative.
True Croup.	**False Croup.**
1. Begins with hoarseness or sore throat.	1. No prodromata.
2. Advent slow.	2. Advent sudden.
3. Temperature high.	3. Temperature about normal.
4. Exudation fibrous.	4. No membranous exudation.
5. Bronchial symptoms.	5. Absence of lung complications.
6. Subsides slowly.	6. Disease disappears rapidly.
7. Continued cyanosis.	7. Cyanosis of short duration.
8. Aphonia frequently complete.	8. Loss of voice uncommon.
9. Change in voice.	9. Voice often natural.
10. Well-marked constitutional symptoms.	10. No severe constitutional symptoms; rarely fatal.
Acute Laryngitis.	**Œdema Glottidis.**
1. History negative.	1. History of general œdema—ulcers of larynx or acute disease, etc.
2. Fever.	2. Temperature often normal.
3. Usually a disease of childhood.	3. Usually attacks adults.
4. Difficult breathing, both inspiratory and expiratory.	4. Inspiration alone affected.
5. Brazen or croupous cough.	5. Cough not croupous in character.
6. Examination shows inflamed mucous membrane.	6. Examination at once discloses the œdematous condition of the larynx
Acute Laryngitis.	**Retro-Pharyngeal Abscess.**
1. Peculiar cough.	1. Cough not peculiar.
2. No difficulty in swallowing.	2. Dysphagia.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Laryngitis.	**Retro-Pharyngeal Abscess.**
3. No stiffness of the neck.	3. Neck stiff and painful on motion or pressure along spine.
4. Brazen voice.	4. Voice guttural.
5. Dyspnœa relieved by throwing the head backward or by horizontal position.	5. Dyspnœa greatly increased by throwing head backward or by the horizontal position.
6. Dyspnœa constant.	6. Dyspnœa paroxysmal and brought on by swallowing or by pressure on larynx.
7. Examination shows presence of inflamed mucous membrane.	7. On examination a fluctuating painful tumor is found at the back part of pharynx.
Acute Laryngitis (Croupous).	**Diphtheria.**
See Diphtheria, page 20.	
Chronic Laryngitis.	**Hysterical Change of Voice.**
1. Symptoms appear slowly.	1. Advent sudden.
2. Difficulty in breathing.	2. Absence of dyspnœa.
3. Cough and expectoration.	3. Cough slight and without expectoration.
4. Symptoms quite constant.	4. Sudden relief of symptoms.
5. Pain in larynx.	5. No pain in larynx.
6. Laryngeal examination positive.	6. Laryngoscopic examination negative.
Chronic Laryngitis.	**Thoracic Aneurism.**
See Thoracic Aneurism, page 48.	
Œdema Glottidis.	**Acute Laryngitis.**
See Acute Laryngitis, page 15.	
Œdema Glottidis.	**Thoracic Aneurism.**
See Thoracic Aneurism, page 48.	

NAME OF DISEASE. DISEASES TO BE DIFFERENTIATED.

Œdema Glottidis. **Asthma.**

See Asthma, page 30.

Œdema Glottidis.

1. History of general œdema, ulcer of larynx, acute disease, etc.
2. Dyspnœa constant.
3. Dyspnœa inspiratory only.
4. Usually attacks adults.
5. Advent sudden.
6. No chills or sweating.
7. Dyspnœa increased by bending head forward.
8. Examination shows marked œdema of the glottis.

Retro-Pharyngeal Abscess.

1. History of stiff neck, etc.
2. Dyspnœa paroxysmal.
3. Dyspnœa expiratory and inspiratory.
4. Disease especially of children.
5. Advent gradual.
6. Fever, chills, and sweating.
7. Dyspnœa increased by throwing head backward.
8. Examination shows presence of a post-pharyngeal fluctuating tumor.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE LUNGS AND PLEURA.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE LUNGS AND PLEURA.

NAME OF DISEASE	DISEASES TO BE DIFFERENTIATED.
Pneumonia	Acute pleurisy. Pleurisy with effusion. Broncho-pneumonia. Acute phthisis.
Broncho-pneumonia . . .	Pneumonia. Capillary bronchitis. Acute phthisis. Atelactasis.
Acute phthisis	Pneumonia. Broncho-pneumonia. Capillary bronchitis. Abscess of lung.
Chronic phthisis	Chronic bronchitis. Pulmonary infarction. Cancer of lung. Broncho-pneumonia.
Capillary bronchitis . . .	Acute catarrhal bronchitis. Broncho-pneumonia. Acute phthisis. Œdema of lungs.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chronic bronchitis	Broncho-pneumonia. Chronic phthisis.
Gangrene of lung	Abscess of lung. Fetid bronchitis.
Cancer of lung	Phthisis. Pleurisy with effusion.
Emphysema	Pneumothorax. Asthma.
Asthma	Spasmodic affections of larynx. Emphysema. Angina pectoris.
Hemoptysis	Hematemesis. Epistaxis.
Acute pleurisy	Acute pericarditis Pneumonia. Intercostal neuralgia. Perihepatitis.
Pleurisy with effusion	Pneumonia. Cancer of lung. Hydatids of lung. Hydrothorax. Empyema.
Pneumothorax	Phthisical cavities. Emphysema.
Empyema	Pleurisy with effusion. Abscess of liver. Thoracic aneurism.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pneumonia.	**Acute Pleurisy.**
1. Begins with a well-marked chill.	1. Begins with pain in side.
2. Face flushed and congested.	2. Face pale and anxious.
3. Temperature from 104° to 106°.	3. Temperature from 100° to 102°.
4. Expectoration rust-colored and viscid.	4. Expectoration frothy and mucous.
5. Marked dulness upon percussion.	5. But slight dulness on percussion.
6. Bronchial voice and breathing.	6. Feeble voice and breathing.
7. Crepitant râle at end of inspiration.	7. Superficial friction-sound on both expiration and inspiration.
Pneumonia.	**Pleurisy with Effusion.**
1. Begins with a marked chill.	1. Begins with chilly sensations.
2. Face flushed and mahogany color.	2. Face pale and anxious.
3. Temperature from 104° to 106°.	3. Temperature from 100° to 102°.
4. Expectoration rust-colored and characteristic.	4. Expectoration scanty and mucous.
5. Breathing hurried and panting.	5. Breathing less hurried and catching.
6. Dulness on percussion.	6. Flatness on percussion, but changes with position of patient.
7. Bronchial voice and respiration.	7. Absence of voice and breathing.
8. Heart in normal position.	8. Heart displaced.
9. Crepitant râle at end of inspiration.	9. Absence of râles.
10. Aspiration negative.	10. Aspiration positive.
11. Termination by crisis about seventh day.	11. No critical days.
Pneumonia.	**Broncho-Pneumonia.**
1. Begins suddenly with a chill.	1. Begins as a severe bronchitis.
2. Severe pains in side.	2. Stuffy feeling under sternum.
3. Affects one lung.	3. Affects both lungs.
4. Attacks children or adults.	4. Usually attacks children.
5. Bronchial voice and breathing.	5. Broncho-vesicular voice and breathing.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pneumonia.	**Broncho-Pneumonia.**
6. Dulness unilateral and well marked.	6. Dulness less marked and bilateral.
7. Râles crepitant and subcrepitant.	7. Râles subcrepitant and mucous.
8. Terminates by crisis.	8. Does not terminate by crisis.
Pneumonia.	**Acute Phthisis.**
1. Begins with chill and pain in side.	1. Begins as a bronchitis with chilly feeling.
2. Affects one lung.	2. Affects both lungs.
3. Characteristic pneumonic sputum.	3. Sputum contains bacilli tuberculosis.
4. Temperature high and somewhat remittent.	4. Temperature irregular and intermittent.
5. Face flushed and mahogany color.	5. Face has a hectic appearance.
6. No severe sweating until crisis.	6. Profuse night sweats.
7. Physical signs unilateral.	7. Physical signs bilateral.
8. Breathing hurried and panting.	8. Respiration hurried but natural.
9. Termination by crisis.	9. No critical days.
Broncho-Pneumonia.	**Pneumonia.**
See Pneumonia, page 23.	
Broncho-Pneumonia.	**Capillary Bronchitis.**
1. Often a secondary disease.	1. Disease primary.
2. Breathing panting.	2. Breathing labored and hurried.
3. Temperature high.	3. Temperature not so high.
4. Dulness on percussion.	4. Exaggerated pulmonary resonance.
5. Respiratory sounds broncho-vesicular.	5. Respiratory sounds vesicular and diminished.
6. Fine râles over dull areas.	6. Râles uniform all over chest.
Broncho-Pneumonia.	**Acute Phthisis.**
1. Usually a disease of children.	1. Principally a disease of young adults.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Broncho-Pneumonia.	**Phthisis.**
2. Breathing panting and hurried.	2. Breathing quiet and hurried.
3. Bronchitis precedes signs of consolidation.	3. Pyrexia precedes physical signs.
4. Emaciation not very rapid.	4. Very rapid exhaustion and emaciation.
5. No hemoptysis.	5. Hemoptysis common.
6. No bacilli tuberculosis in sputum.	6. Sputum contains many bacilli.
7. Physical signs most marked in dependent portion of lungs, usually.	7. Physical signs most marked at apices.
8. Sweating not excessive.	8. Profuse sweating.
Broncho-Pneumonia.	**Atelectasis.**
1. Temperature high.	1. Temperature about normal.
2. On inspection chest appears normal.	2. Chest-wall retracted.
3. Diaphragm in normal position.	3. Diaphragm elevated.
4. Respiratory murmur broncho-vesicular.	4. Respiratory murmur feeble.
5. Vocal fremitus increased.	5. Vocal fremitus diminished.
6. Râles numerous and subcrepitant.	6. Râles rare in collapsed lung.
Acute Phthisis.	**Pneumonia.**

See Pneumonia, page 24.

Acute Phthisis.	**Broncho-Pneumonia.**

See Broncho-Pneumonia, page 24.

Acute Phthisis.	**Capillary Bronchitis.**
1. Temperature very high and intermittent.	1. Temperature less high and remittent.
2. Profuse sweats and chilly sensations.	2. No marked sweating or chilliness.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Phthisis.	**Capillary Bronchitis.**
3. Emaciation very rapid.	3. Emaciation less rapid.
4. Respiration hurried without dyspnœa.	4. Extreme dyspnœa.
5. Bacilli tuberculosis in sputum.	5. No bacilli tuberculosis in sputum.
6. Dulness on percussion at apex.	6. Exaggerated pulmonary resonance.
7. Signs of lung consolidation.	7. Lung not consolidated.
8. Râles marked at apices.	8. Râles heard all over chest.
Acute Phthisis.	**Abscess of Lung.**
1. High temperature, followed usually at night with profuse sweats and chilly sensations.	1. Chills, followed by fever and sweating.
2. Cough and expectoration profuse from the beginning.	2. Cough and expectoration profuse after rupture of abscess into bronchii.
3. Expectoration constant.	3. Sudden expectoration of a large amount of pus.
4. Expectoration contains tubercle bacilli.	4. Sputum contains many pus cells.
5. Signs of cavity develop gradually.	5. Signs of cavity develop suddenly.
6. No sudden improvement of patient.	6. Patient suddenly improves after discharge of the abscess into bronchii.
Chronic Phthisis.	**Chronic Bronchitis.**
1. Sputum contains bacilli tuberculosis.	1. No tubercle bacilli in sputum.
2. Profuse night sweats.	2. No profuse sweats.
3. Rapid emaciation.	3. No rapid emaciation.
4. Hemoptysis common.	4. Hemoptysis uncommon.
5. Physical signs most marked at apices.	5. Physical signs not limited to apices.
6. Dulness on percussion.	6. No dulness on percussion.
7. Râles subcrepitant and sticky.	7. Râles mucous and submucous.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chronic Phthisis.	**Pulmonary Infarction.**
1. Temperature more or less elevated.	1. Temperature nearly normal.
2. Hemoptysis a bright color.	2. Expectorated blood dark and coagulated.
3. Heart usually normal.	3. Advanced valvular heart disease.
4. Sputum contains bacilli tuberculosis.	4. Sputum free from bacilli tuberculosis.
5. Symptoms come on gradually.	5. Symptoms appear suddenly.
6. Apices chiefly affected.	6. Lower lobes usually affected.
Chronic Phthisis.	**Cancer of Lung.**
1. Chest retracted.	1. Chest bulging.
2. Pain intermittent.	2. Pain constant.
3. Patient anæmic and hectic.	3. Patient cachectic.
4. Disease primary.	4. Disease secondary.
5. Expectoration muco-purulent.	5. "Currant-jelly" expectoration.
6. Temperature elevated.	6. Temperature normal or subnormal.
7. Sputum contains tubercle bacilli.	7. Sputum contains cancer cells.
Chronic Phthisis.	**Persistent Broncho-Pneumonia.**
1. Attacks any one, especially adults.	1. Attacks children especially.
2. Temperature elevated, especially	2. Temperature nearly normal.
3. Sputum contains tubercle bacilli.	3. No tubercle bacilli in sputum.
4. Apices principally affected.	4. Apices not often affected.
5. Hereditary.	5. Not hereditary.
6. Hemoptysis common.	6. No hemoptysis.
7. Frequent signs of cavities following those of consolidation.	7. No signs of cavities following those of consolidation.
8. Profuse night sweats.	8. No profuse sweating.
Capillary Bronchitis.	**Acute Catarrhal Bronchitis.**
1. Temperature very high.	1. Temperature but moderately elevated.
2. Attacks children especially.	2. Attacks any one.
3. Extreme dyspnœa.	3. No dyspnœa.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Capillary Bronchitis.	**Acute Catarrhal Bronchitis.**
4. Cyanosis common.	4. No cyanosis.
5. Restless and feverish.	5. Patient quiet and composed.
6. Râles sibilant and sonorous.	6. Râles mucous and submucous.

Capillary Bronchitis. — **Broncho-Pneumonia.**

See Broncho-Pneumonia, page 24.

Capillary Bronchitis. — **Acute Phthisis.**

See Acute Phthisis, page 26.

Capillary Bronchitis.	**Œdema of the Lungs.**
1. Temperature elevated.	1. Temperature normal.
2. Expectoration tenacious.	2. Expectoration frothy and watery.
3. Disease primary.	3. Secondary disease.
4. Exaggerated pulmonary resonance.	4. Dulness on percussion.

Chronic Bronchitis. — **Chronic Phthisis.**

See Chronic Phthisis, page 26.

Chronic Bronchitis.	**Persistent Broncho-Pneumonia.**
1. No dyspnœa if uncomplicated.	1. Dyspnœa, especially upon exertion.
2. No lung consolidation.	2. Lung consolidated.
3. Usually attacks adults.	3. Disease of children especially.
4. Vocal fremitus normal.	4. Vocal fremitus exaggerated.
5. Râles mucous and submucous.	5. Subcrepitant râles.
6. Frequent formation of bronchiectatic cavities.	6. Lung remains consolidated.

Gangrene of Lung.	**Fetid Bronchitis.**
1. Sputum contains pulmonary tissue.	1. No pulmonary tissue in sputum.
2. Unilateral disease.	2. Disease affects both lungs.
3. Patient greatly prostrated.	3. No marked prostration.
4. Fever, septic or hectic in character.	4. Temperature normal.
5. Signs of pulmonary consolidation.	5. Bronchiectatic cavities quite common.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Gangrene of Lung.	**Fetid Abscess of Lung.**
1. Signs of cavity follow fetid expectoration.	1. Signs of cavity precede the fetid expectoration.
2. Sputum a dirty black color.	2. Sputum purulent.
3. Sputum contains lung tissue.	3. Sputum contains numerous pus-cells.
4. Fetor has a putrefactive smell.	4. Fetor has a sweetish odor.
Cancer of Lung.	**Chronic Phthisis.**
See Chronic Phthisis, page 27.	
Cancer of Lung.	**Pleurisy with Effusion.**
1. Usually secondary.	1. Usually primary.
2. Cancerous cachexia.	2. Anæmia, but no cachexia.
3. Dulness most marked above and in front.	3. Dulness most marked behind and below.
4. Dulness stationary.	4. Dulness changes with position of patient.
5. Areas of resonance throughout the dull portion of the lung.	5. Uniform dulness or flatness below level of fluid.
6. Friction sound over area of dulness.	6. Absence of sound over flat area.
Emphysema.	**Pneumothorax.**
1. Symptoms come on gradually.	1. Begins suddenly.
2. Dyspnœa paroxysmal and increased upon exercise.	2. Dyspnœa constant.
3. Disease bilateral.	3. Disease unilateral.
4. Percussion sound vesiculo-tympanitic.	4. Percussion note tympanitic.
5. Breathing vesicular.	5. Breathing amphoric if audible.
6. Expiration prolonged and low-pitched.	6. Expiratory sounds usually absent.
Emphysema.	**Bronchial Asthma.**
1. Vesiculo-tympanitic percussion note.	1. Percussion note exaggerated.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Emphysema.	**Bronchial Asthma.**
2. Prolonged low-pitched expiration.	2. Expiration never low-pitched.
3. Always dyspnœa on exertion.	3. Dyspnœa only during the attack.
4. Chest barrel-shaped.	4. Shape of chest normal.
5. Heart displaced.	5. Heart not displaced.
6. Disease constant.	6. Attacks purely paroxysmal.
7. Râles few in number, unless there is complicating bronchitis, and then mucous and submucous.	7. Many sibilant and sonorous râles heard all over chest during attack.
Bronchial Asthma.	**Spasmodic Affections of Larynx.**
1. No change in voice.	1. Voice much altered.
2. Cough expulsive.	2. Cough and breathing stridulous.
3. Dyspnœa expiratory.	3. Dyspnœa inspiratory.
4. Numerous sibilant and sonorous râles in chest.	4. Absence of chest râles.
5. Ausculatory signs negative over larynx.	5. Ausculatory signs positive over larynx.
6. Laryngoscopic examination negative.	6. Laryngoscopic examination often positive.
Bronchial Asthma.	**Angina Pectoris.**
1. No pain in region of heart.	1. Lancinating pain around heart.
2. Pulse normal in regularity.	2. Pulse intermittent and irregular.
3. Great difficulty in breathing.	3. Patient tries not to breathe deeply.
4. Many sibilant and sonorous râles in chest.	4. Absence of chest râles.
Bronchial Asthma.	**Emphysema.**

See Emphysema, page 29.

Hemoptysis.	**Hematemesis.**
1. Blood liquid, bright, and frothy.	1. Blood dark and coagulated.
2. Blood free from foreign matter.	2. Mixed with food and bile.
3. Sinks in water slowly.	3. Sinks in water rapidly.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hemoptysis.	**Hematemesis.**
4. Alkaline in reaction.	4. Acid in reaction.
5. Preceded by cough and other chest symptoms.	5. Preceded by vomiting and pain in stomach.
6. History of lung trouble.	6. History of gastric disturbance.
7. Hemorrhage followed by great prostration and irritable cough.	7. Not followed by cough or great prostration.
8. Moist râles in chest.	8. Absence of chest râles.
Hemoptysis.	**Epistaxis.**
1. Blood bright, frothy, and fluid.	1. Blood coagulated and dark.
2. Attended and followed by cough.	2. No cough.
3. History of lung disease.	3. No history of lung trouble.
4. Moist râles in chest.	4. Absence of chest râles.
5. Examination of nares and pharynx negative.	5. Examination of nares and pharynx positive.
6. Great prostration.	6. No great prostration.
Acute Pleurisy.	**Intercostal Neuralgia.**
1. Temperature elevated.	1. Temperature normal.
2. No tenderness over intercostal nerves.	2. Intercostal nerves tender upon pressure.
3. Pain constant and localized.	3. Pain shooting and intermittent.
4. No vomiting or herpetic eruption.	4. Vomiting and herpes zoster common.
5. Friction sound heard on auscultation.	5. No friction sound heard on auscultation.
Acute Pleurisy.	**Pneumonia.**

See Pneumonia, page 23.

Acute Pleurisy.	**Acute Pericarditis.**

See Acute Pericarditis, page 39.

Acute Pleurisy.	**Perihepatitis.**

See Perihepatitis, page 85.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pleurisy with Effusion.	**Pneumonia.**

See Pneumonia, page 23.

Pleurisy with Effusion.	**Cancer of Lung.**

See Cancer of Lung, page 29.

Pleurisy with Effusion.	**Hydatids of Lung.**
1. Begins acutely with pain, fever, etc.	1. Begins slowly and insidiously.
2. Quite rapid emaciation and loss of health.	2. Health but slowly undermined.
3. Effusion produced rapidly.	3. Effusion forms slowly.
4. Flatness on percussion changes with position of patient.	4. Flatness on percussion not much changed by position of patient.
5. Fluid obtained by puncture contains no hooklets.	5. Fluid contains characteristic hooklets.

Pleurisy with Effusion.	**Hydrothorax.**
1. Affects one side.	1. Affects both sides.
2. Primary disease.	2. Secondary disease.
3. Temperature elevated.	3. Temperature normal.
4. Pain in side.	4. No pain in side.
5. No general dropsy.	5. General dropsy.

Pleurisy with Effusion.	**Empyema.**

See Empyema, page 33.

Pneumothorax.	**Emphysema.**

See Emphysema, page 29.

Pneumothorax.	**Phthisical Cavities.**
1. Developed suddenly.	1. Developed slowly.
2. Severe dyspnœa.	2. Dyspnœa not severe.
3. Bulging of intercostal spaces.	3. Chest wall generally retracted.
4. Heart displaced.	4. Heart in normal position.
5. Vocal fremitus diminished or absent.	5. Vocal fremitus increased.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pneumothorax.	**Phthisical Cavities.**
6. Physical signs heard all over affected side.	6. Physical signs usually limited to apices.
7. Succussion of fluid is present.	7. No succussion.
8. Absence of râles.	8 Gurgling râles at apices.
Empyema (pulsating).	**Thoracic Aneurism.**

See Thoracic Aneurism, page 48.

Empyema.	**Abscess of Liver.**

See Abscess of Liver, page 80.

Empyema.	**Pleurisy with Effusion.**
1. Usually a history of previous disease, as pleurisy, phthisis, general debility, etc.	1. History of an acute attack following exposure to wet ,cold, etc.
2. Constitutional symptoms well marked.	2. General condition remains quite good.
3. Temperature often reaches 105°.	3. Temperature seldom over 102°.
4. Chills and profuse sweats common.	4. No chills or sweats.
5. Fluid remains unless it is withdrawn.	5. Fluid disappears under appropriate medical treatment.
6. Exploring needle withdraws pus.	6. Exploring needle withdraws serum.
7. Whispered pectoriloquy sometimes heard below the level of the fluid.	7. Absence of voice sounds below the level of the fluid.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE HEART AND BLOOD-VESSELS.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE HEART AND BLOOD-VESSELS.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute pericarditis	Acute endocarditis. Acute pleurisy. Cardiac enlargement.
Endocarditis	Acute pericarditis. Functional heart murumrs.
Ulcerative endocarditis	Typhoid fever. Pyæmia.
Cardiac hypertrophy	Cardiac dilatation. Displacement of heart. Acute pericarditis. Thoracic aneurism. Consolidation of lung tissue.
Fatty heart	Cardiac dilatation.
Palpitation of heart (nervous)	Organic heart disease.
Angina pectoris	Bronchial asthma. Hysteria. Intercostal neuralgia. Thoracic aneurism.
Exophthalmic goitre	Cystic goitre with heart disease.

CARDIAC MURMURS.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Aortic obstructive	Mitral regurgitation. Tricuspid regurgitation. Anæmic bruit. Thoracic aneurism. Aortic regurgitation.
Aortic regurgitation	Aortic obstructive. Mitral obstructive. Pulmonary regurgitation. Thoracic aneurism.
Mitral obstructive	Mitral regurgitation. Aortic regurgitation.
Mitral regurgitation	Aortic obstructive. Mitral obstructive. Tricuspid regurgitation.

ANEURISMS.

Abdominal aneurisms	Pulsation of aorta. Abdominal tumors. Psoas abscess.
Thoracic aneurism	Aortic obstructive. Aortic regurgitation. Cancer of pleura. Chronic laryngitis. Pulsating empyema. Dilated heart. Angina pectoris.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Pericarditis.	**Acute Endocarditis.**
1. Superficial friction sound.	1. Deep blowing sound.
2. Murmurs have limited areas of diffusion.	2. Murmurs have wide areas of diffusion.
3. Murmurs intensified by inclination of body.	3. Position of body does not influence the intensity of the murmurs.
4. Murmurs intensified by taking a full inspiration.	4. Murmurs not increased in loudness by a full inspiration.
5. Murmurs not necessarily synchronous with the heart-sounds.	5. Murmurs synchronous with the heart-sounds.
6. Heart-impulse wavy and feeble.	6. Heart-impulse strong.
7. In stage of effusion, extended pericordial dulness.	7. No extended pericordial dulness.
8. Murmurs disappear with the effusion, to return again with the absorption of the effusion.	8. Murmurs constant.
Acute Pericarditis.	**Acute Pleurisy.**
1. Pain not severe.	1. Pain sharp and cutting.
2. Pain not affected by respiration.	2. Increased by inspiration.
3. Pulse feeble and irritable.	3. Pulse regular and strong.
4. Friction sound constant until effusion takes place.	4. Friction sound ceases by holding the breath.
Acute Pericarditis (with effusion).	**Cardiac Enlargement** (hypertrophy or dilatation).
1. Disease developed suddenly.	1. Disease developed slowly.
2. There is or has been a friction sound present.	2. No friction sound.
3. Outline of dulness, triangular.	3. Outline of dulness, quadrilateral.
4. Cardiac dulness extends to the left of apex beat.	4. Dulness does not extend beyond apex beat.
5. Heart-sounds indistinct and feeble.	5. Heart-sounds distinct, however feeble or strong.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Endocarditis.	**Acute Pericarditis.**

See Acute Pericarditis, page 39.

Endocarditis.	**Functional Heart Murmurs.**
1. Signs of obstructed circulation.	1. No obstructed circulation.
2. Cardiac hypertrophy or dilatation.	2. No cardiac enlargement.
3. Patient often robust.	3. Patient anæmic and feeble.
4. Murmurs most frequent at apex.	4. Murmurs most frequent at base.
5. Murmurs constant.	5. Murmurs intermittent.
6. Murmurs do not disappear under treatment.	6. Murmurs disappear under appropriate treatment.
Ulcerative Endocarditis.	**Typhoid Fever.**
1. Often rheumatic origin.	1. No history of rheumatism.
2. Temperature fluctuating.	2. Weekly characteristic temperatures.
3. Disease develops rapidly.	3. Disease develops slowly.
4. Cardiac murmurs present.	4. No cardiac murmurs.
5. Frequent signs of embolus.	5. Signs of emboli uncommon.
6. Petechial eruption on body.	6. Rose-colored lenticular spots on abdomen.
7. No characteristic diarrhœa or nose-bleed.	7. Characteristic diarrhœa and nose-bleed.
Ulcerative Endocarditis.	**Pyæmia.**
1. Often of rheumatic origin.	1. History of surgical injury, or disease.
2. Cardiac murmurs present.	2. No cardiac murmurs.
3. Confusion of mind followed by delirium	3. Mind at first clear, and then followed by stupor.
4. Petechial eruption.	4. Skin deeply jaundiced.
5. Sour breath	5. Sweet breath.
Cardiac Hypertrophy.	**Cardiac Dilatation.**
1. Pulse full and bounding.	1. Pulse weak and feeble.
2. Face flushed.	2. Face pale and livid.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cardiac Hypertrophy.	**Cardiac Dilatation.**
3. Beating carotids.	3. Veins turgid.
4. Apex-beat distinct and forcible.	4. Apex-beat indistinct and feeble.
5. Heart-sounds intensified.	5. Heart-sounds enfeebled.
6. First sound prolonged and intensified.	6. First sound indistinct, short, and resembles the second sound.
Cardiac Hypertrophy.	**Displacement of Heart.**
1. Subjective symptoms, as cerebral hyperæmia.	1. No subjective heart-symptoms.
2. Heaving cardiac impulse.	2. Cardiac impulse normal.
3. Increase of area of cardiac dulness.	3. No increase of heart-dulness.
4. Change in character and intensity of heart-sounds.	4. Normal heart-sounds.
Cardiac Hypertrophy.	**Acute Pericarditis.**
See Acute Pericarditis, page 39.	
Cardiac Hypertrophy.	**Thoracic Aneurism.**
1. No pain in the back.	1. Boring pain in dorsal spine.
2. No dysphagia.	2. Dysphagia common.
3. Face flushed, cerebral hyperæmia.	3. Face pale or livid—cerebral congestion.
4. Area of heart-dulness increased laterally and downward.	4. Heart-dulness increased upward.
5. Heaving cardiac impulse.	5. Impulse, dilating.
6. No thrill or bruit.	6. Aneurismal thrill and bruit.
Cardiac Hypertrophy	**Consolidation of Lung Tissue.**
1. Pulse full and tense.	1. Pulse weak.
2. Altered first sound.	2. Heart's sound normal.
3. Outline of cardiac dulness, quadrilateral.	3. Outline of dulness, irregular.
4. No bronchial voice or breathing.	4. Bronchial voice and breathing.
5. Absence of râles.	5. Moist râles.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Fatty Heart.	**Dilatation of Heart.**
1. Pulse irregular.	1. Pulse regular.
2. Area of dulness not increased.	2. Area of dulness increased.
3. Absence of first sound.	3. Enfeebled first sound.
4. No cardiac murmur.	4. Cardiac murmurs common.
5. Cheyne-Stokes respiration.	5. Respiration normal, or hurried.
6. Marked cerebral symptoms.	6. No cerebral symptoms.
Organic Heart Disease. (Cardiac palpitation.)	**Functional Heart Disease.** (Cardiac palpitation.)
1. Comes on gradually.	1. Comes on suddenly.
2. Causes, rheumatism, syphilis, etc.	2. Causes, emotion, indigestion, tobacco, etc.
3. No distinct paroxysms.	3. Distinctly paroxysmal.
4. Increased by exercise.	4. Increased by a sedentary life.
5. Patient not uneasy or worried.	5. Patient very uneasy and worried.
6. Often accompanied by cyanosis.	6. No cyanosis.
7. Cardiac murmurs present.	7. No cardiac murmurs.
Angina Pectoris.	**Bronchial Asthma.**

See Bronchial Asthma, page 30.

Angina Pectoris.	**Hysteria.**
1. Lancinating pain in side.	1. Globus hysteria.
2. Pulse feeble and irregular.	2. Pulse strong and regular.
3. Patient conscious and quiet.	3. Patient has convulsions and semi-coma.
4. History of cardiac disease.	4. History of hysteria.
5. Cardiac murmurs present.	5. No cardiac murmurs.
Angina Pectoris.	**Intercostal Neuralgia.**
1. History of cardiac disease.	1. History of neuralgic attacks.
2. Attack quickly over.	2. Attack lasts for some time.
3. No external tenderness.	3. Marked external tenderness.
4. Pain unilateral.	4. Pain often bilateral.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Angina Pectoris.	**Intercostal Neuralgia.**
5. Cardiac disturbance—feeble and irregular action of heart.	5. Heart normal.
6. No herpetic eruption follows the attack.	6. Attack often followed by herpes zoster.
Angina Pectoris.	**Thoracic Aneurism.**
1. Pain referred to front of chest.	1. Pain referred to back.
2. Pain paroxysmal and lancinating.	2. Pain quite constant and boring.
3. Pulse irregular and intermittent.	3. Pulse regular, but often unlike at the wrists.
4. Heart diseased.	4. Heart normal.
5. No thoracic pulsating tumor.	5. Pulsating thoracic tumor.
6. Respiration shallow and catching.	6. Respiration hurried and difficult.
Exophthalmic Goitre.	**Cystic Goitre with Cardiac Disease.**
1. Paroxysmal enlargement of diseased thyroid gland.	1. Thyroid remains enlarged without fluctuating in size.
2. Thyroid very elastic.	2. Thyroid less elastic.
3. Eyes have lustrous appearance and marked by exophthalmus.	3. Eyes have a dull appearance without great exophthalmus.
4. No cardiac murmur.	4. Cardiac murmurs present.
5. Cardiac palpitation paroxysmal.	6. Palpitation of the heart not strictly paroxysmal.
Aortic Obstruction.	**Mitral Regurgitation.**
1. Pulse hard and wiry but regular.	1. Pulse compressible and irregular.
2. Subjective symptoms are cerebral in character.	2. Subjective symptoms are pulmonary, renal, interstitial, etc.
3. Murmur harsh.	3. Murmur soft.
4. Loudest at base.	4. Loudest at apex.
5. Conveyed into vessels of neck.	5. Conveyed to the left and behind.
6. Pulmonic second sound feeble.	6. Pulmonic second sound intensified.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Aortic Obstruction.	**Tricuspid Regurgitation.**
1. No venous pulsation.	1. Pulsation of jugular.
2. Hypertrophy of left heart.	2. Hypertrophy of right heart.
3. Murmur heard loudest at second costo-sternal articulation.	3. Murmur heard loudest over lower part of sternum.
4. Conveyed upward into carotids.	4. Murmur seldom heard above the third rib.
Aortic Obstruction.	**Anæmic Bruit.**
1. Pulse hard and wiry.	1. Pulse soft and compressible.
2. Patient often robust.	2. Patient always anæmic.
3. Cardiac hypertrophy.	3. Small heart.
4. Murmurs loudest over base.	4. Murmur loudest in carotids.
5. Murmur harsh in character.	5. Murmur soft and blowing.
6. No venous hum.	6. Loud venous hum.
Aortic Obstruction.	**Thoracic Aneurism.**
1. No pain.	1. Boring pain in back and chest.
2. Having apical impulse.	2. Normal apical impulse.
3. No dilating impulse on palpitation.	3. Dilating impulse over aneurism.
4. Bruit single.	4. Bruit double.
5. Pulse the same at both wrists.	5. Pulse often different at the two wrists.
6. Sphygmographic tracings diagnostic.	6. Sphygmographic tracings often differ at the wrists.
7. No laryngeal or, œsophageal subjective symptoms.	7. Subjective laryngeal and œsophageal symptoms common.
Aortic Obstruction.	**Aortic Regurgitation.**
1. Hard, small wiry pulse.	1. "Shot" pulse.
2. Systolic murmur.	2. Murmur diastolic.
3. Conveyed upward into carotids.	3. Conveyed downward to xiphoid.
4. No capillary pulsation.	4. Capillary pulsation.
Aortic Regurgitation.	**Mitral Obstruction.**
1. No well marked pulmonary symptons.	1. Pulmonary symptoms well marked upon exercise.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Aortic Regurgitation.	**Mitral Obstruction.**
2. "Shot" pulse.	2. Pulse soft and full.
3. Capillary pulsation seen at fundus, of eye and under nails.	3. No capillary pulsation.
4. Murmur diastolic.	4. Murmur presystolic.
5. Murmur soft and musical.	5. Murmur grating and blubbering.
6. Murmur very diffuse.	6. Murmur limited.
7. No purring thrill.	7. Purring thrill.
8. Left ventricle hypertrophied.	8. No ventricular hypertrophy.
Aortic Regurgitation.	**Pulmonary Regurgitation.**
1. "Shot" pulse.	1. Pulse soft.
2. Capillary pulsation.	2. No capillary pulsation.
3. Left ventricle hypertrophied.	3. Right ventricle hypertrophied.
4. Murmur heard with maximum intensity, at right second intercostal space, or at xiphoid cartilage.	4. Murmur heard with greatest intensity at the left second intercostal space.
Aortic Regurgitation.	**Thoracic Aneurism.** (Sinus of valsalva.)
1. "Shot" pulse.	1. Pulse feeble and compressible.
2. Capillary pulsation.	2. No capillary pulsation.
3. Cardiac hypertrophy.	3. Cardiac degeneration.
4. Diastolic murmur.	4. Systolic aneurismal murmur.
5. Murmur transmitted downward.	5. Murmur never transmitted toward apex.
Aortic Regurgitation.	**Aortic Obstruction.**
See Aortic Obstruction, page 44.	
Mitral Obstruction.	**Aortic Regurgitation.**
See Aortic Regurgitation, page 44.	
Mitral Obstruction.	**Mitral Regurgitation.**
1. Murmur diastolic.	1. Murmur presystolic.
2. Murmur of limited area.	2. Conveyed around to the back.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Mitral Obstruction.	**Mitral Regurgitation.**
3. Murmur blubbering in character.	3. Murmur soft and blowing.
4. Heard loudest above apex.	4. Heard loudest at apex.
5. Purring thrill.	5. No thrill.
Mitral Regurgitation.	**Aortic Obstruction.**

See Aortic Obstruction, page 43.

Mitral Regurgitation.	**Mitral Obstruction.**

See Mitral Obstruction, page 45.

Mitral Regurgitation.	**Tricuspid Regurgitation.**
1. Pulmonary symptoms prominent.	1. No pulmonary symptoms.
3. Murmur loudest at apex.	2. Murmur loudest near xiphoid.
2. Murmur conveyed to the left.	3. Transmitted upward and to the right.
4. Pulmonary second sound intensified.	4. Pulmonary second sound infeebled.
5. No venous pulsation.	5. Jugular pulsation.
Abdominal Aneurism.	**Pulsating Aorta.**
1. Deep boring pain in back and shooting down the thighs.	1. Absence of pain.
2. Throbbing localized in a pulsating tumor.	2. Throbbing felt along whole course of the aorta.
3. Expansive pulsation of tumor.	3. Pulsation sudden and jerky.
4. Double murmur.	4. No murmur.
5. Marked thrill.	5. No thrill.
Abdominal Aneurism.	**Pulsating Abdominal Tumors.**
1. Health good.	1. General health poor.
2. Tumor has an expansive pulsation.	2. Tumor has a forward pulsation.
3. Impulse not lessened by knee-chest position.	3. Impulse lessened by the knee-chest position.
4. Tumor not movable.	4. Tumor usually movable.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Abdominal Aneurism.	**Pulsating Abdominal Tumors.**
5. Boring pain, and darting down the thighs.	5. Pain usually dull and not neuralgic in character.
6. Marked thrill.	6. No thrill.
7. Double murmur.	7. No murmur—if any, single.
Abdominal Aneurism.	**Psoas Abscess.**
1. Disease of spine secondary.	1. Disease of spine primary.
2. Expansive pulsating tumor.	2. No expansive pulsating tumor.
3. Well marked thrill.	3. No thrill.
4. Double murmur.	4. No murmur.
5. No fluctuation.	5. Deep fluctuation.
6. No difficulty in walking.	6. Often great difficulty in walking due to pain and flexion of thigh.
7. Temperature normal.	7. Temperature often elevated.
Thoracic Aneurism.	**Aortic Obstruction.**

See Aortic Obstruction, page 44.

Thoracic Aneurism.	**Aortic Regurgitation.**

See Aortic Regurgitation, page 44.

Thoracic Aneurism.	**Cardiac Hypertrophy.**

See Cardiac Hypertrophy, page 41.

Thoracic Aneurism.	**Angina Pectoris.**

See Angina Pectoris, page 43.

Thoracic Aneurism.	**Cancer of Pleura.**
1. Not hereditary, or secondary.	1. Hereditary or secondary.
2. Pain wandering and not constant.	2. Pain constant.
3. Pain increased by excited heart's action.	3. Pain not increased by over-action of the heart.
4. Pulse at two wrists often unlike.	4. Pulse at the wrists alike.
5. No enlarged glands in neck or axilla.	5. Enlarged cervical and axillary veins and glands.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Thoracic Aneurism.	**Cancer of Pleura.**
6. Expansive pulsation.	6. No expansive pulsation.
7. Double murmur.	7. No double murmur.
8. Well-marked thrill.	8. No thrill.
9. Subjective sense of throbbing.	9. No throbbing sensations.
Thoracic Aneurism.	**Pulsating Empyema.**
1. Pain wandering.	1. Pain stationary.
2. No chills, fever, or sweating.	2. Chills, fever, and sweating.
3. Heart in normal position.	3. Heart pushed to one side.
4. Double murmur.	4. No murmur.
5. Well-marked thrill.	5. No thrill.
6. Exploring needle withdraws blood.	6. Exploring needle withdraws pus.
Thoracic Aneurism.	**Chronic Laryngitis.**
1. Pain in chest.	1. Pain referred to larynx.
2. Pulsating tumor in chest.	2. No tumor in chest.
3. Double murmur and thrill.	3. No murmur or thrill.
4. Cough, paroxysmal and ringing.	4. Cough more constant and stridulous.
5. Voice not uniformly changed in character.	5. Voice always changed.
6. Stridulous voice and breathing come on suddenly and are paroxysmal.	6. Change in voice and breathing less paroxysmal in character.
7. Laryngoscopic examination shows spasm of vocal cords.	7. Laryngeal examination shows disease of larynx.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE DIGESTIVE TRACT AND PERITONEUM.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE DIGESTIVE TRACT AND PERITONEUM.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of the œsophagus	Organic stricture. Hysterical stricture.
Acute gastritis	Toxic gastritis. Acute peritonitis.
Toxic gastritis	Acute gastritis. Acute peritonitis. Acute enteritis. Cholera morbus. Cholera.
Chronic gastritis	Dyspepsia. Ulcer of stomach. Cancer of stomach.
Gastric dyspepsia	Chronic gastritis. Acid fermentation. Cerebral vertigo.
Cancer of stomach	Chronic gastritis. Ulcer of stomach. Abdominal aneurism. Cancer of liver.
Ulcer of stomach	Chronic gastritis. Cancer of stomach. Cardialgia.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hematemesis	Hemoptysis.
Acute enteritis	Acute poisoning. Acute peritonitis. Cholera morbus. Typhoid fever.
Cholera morbus	Acute enteritis. Asiatic cholera. Acute poisoning.
Cholera infantum	Enteritis of children. Hydrocephalus.
Dysentery	Diarrhœa with hemorrhoids. Proctitis. Cancer of rectum.
Perityphlitis	Typhlitis. Cancer of cæcum. Distension of cæcum. Psoas abscess. Intussusception.
Intestinal obstruction	Intestinal colic. Peritonitis. Hepatic colic. Renal colic. Chronic constipation.
Tubercular enteritis	Tubercular meningitis. Tubercular peritonitis.
Cancer of intestine	Floating kidney. Proctitis. Perityphlitis. Hemorrhoids.
Proctitis	Periproctitis. Cancer of intestine. Dysentery. Hemorrhoids.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hemorrhoids	Proctitis. Dysentery. Cancer of rectum. Intestinal hemorrhage.
Intestinal colic	Acute peritonitis. Intestinal obstruction. Hepatic colic. Renal colic. Intestinal perforation. Muscular rheumatism. Uterine colic.
Acute peritonitis	Acute enteritis. Intestinal colic. Hysteria. Renal or hepatic colic. Acute gastritis. Intestinal obstruction. Acute poisoning.
Chronic peritonitis	Tuberculous peritonitis. Cancerous peritonitis. Ascites.
Tuberculous peritonitis	Cancer of peritoneum. Chronic peritonitis. Tubercular enteritis.
Ascites	Ovarian dropsy. Distended bladder. Hydatids of liver. Pregnancy. Chronic peritonitis. Cirrhosis of the liver.

Cancer of Œsophagus.	Simple Organic Stricture.
1. History of hereditary cancer.	1. History of injury or inflammation of œsophagus.
2. Pain constant.	2. Pain inconstant.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Œsophagus.	**Simple Organic Stricture.**
3. Pain increased by taking food.	3. But slightly increased by swallowing.
4. Cervical glands enlarged.	4. Glands not enlarged.
5. Hemorrhage common.	5. No hemorrhage.
6. Lungs affected.	6. Lungs not affected.
7. Bougie brings up cancerous shreds.	7. Bougie simply meets with an obstruction.
Cancer of Œsophagus.	**Hysterical Œsophageal Stricture.**
1. History of hereditary cancer.	1. History of hysteria.
2. Comes on gradually.	2. Begins suddenly.
3. Greatest difficulty in swallowing solids.	3. Equally as difficult to swallow liquids as solids.
4. Cancerous cachexia.	4. No cachexia.
5. Lungs affected.	5. Lungs not affected.
6. Bougie meets with stricture.	6. Bougie passes directly into stomach.
Acute Gastritis.	**Toxic Gastritis.**
1. Temperature elevated.	1. Temperature often subnormal.
2. Bowels usually constipated.	2. Diarrhœa.
3. Mouth and pharynx normal.	3. Mouth and pharynx congested.
4. Symptoms not very severe at first.	4. Symptoms severe from the beginning.
5. Symptoms do not usually appear within an hour after eating.	5. Symptoms make their appearance within an hour after eating.
6. No blood with vomited matter.	6. Bloody mucus mixed with the vomited matter.
7. No severe prostration.	7. Great prostration and collapse.
8. No poison in vomited matter.	8. Vomited matter contains poison.
Acute Gastritis.	**Acute Peritonitis.**

See Acute Peritonitis, page 69.

Toxic Gastritis.	**Acute Gastritis.**
(Acute poisoning.)	

See Acute Gastritis, above.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Toxic Gastritis.	**Acute Peritonitis.**

See Acute Peritonitis, page 69.

Toxic Gastritis.	**Acute Enteritis.**

See Acute Enteritis, page 58.

Toxic Gastritis.	**Cholera Morbus.**

See Cholera Morbus, page 59.

Toxic Gastritis.	**Cholera.**

See Cholera, page 120.

Chronic Gastritis.	**Dyspepsia.**
1. Disease secondary.	1. Disease primary.
2. Associated with chronic alcoholism, renal, hepatic, or thoracic disease.	2. Dependent upon the habits of life.
3. Pain and tenderness in epigastric region.	3. Little or no epigastric pain and tenderness.
4. Tongue always coated.	4. Tongue pale and flabby.
5. Constant thirst.	5. Moderate thirst.
6. Frequent vomiting.	6. Vomiting infrequent.
7. Stimulating ingesta aggravate the symptoms.	7. Spices, etc., often relieve the symptoms.
8. Many deposits in urine.	8. Urine natural in appearance.

Chronic Gastritis.	**Ulcer of Stomach.**
1. Secondary disease of the heart, liver, or kidneys.	1. Disease primary.
2. Pain slightly increased by taking food.	2. Pain greatly increased by taking food.
3. Constant thirst.	3. No thirst.
4. Tongue greatly coated.	4. Tongue red and glazed.
5. Vomiting most frequent in early morning.	5. Vomiting occurs after eating.
6. Hematemesis rare.	6. Hematemesis common.
7. Common disease of adults and elderly people.	7. Common in young adults, especially females.
8. No rapid emaciation.	8. Emaciation rapid.
9. Deep pressure causes dull pain.	9. Deep pressure causes sharp pain.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chronic Gastritis.	**Cancer of Stomach.**
1. Usually a secondary disease.	1. Disease hereditary.
2. Pain constant and moderate.	2. Pain constant and severe, at times.
3. Pain increased by taking food.	3. Pain not increased by taking food.
4. Some tenderness on pressure.	4. No tenderness on pressure.
5. Vomiting occasional.	5. Vomiting frequent.
6. Hematemesis rare.	6. Hematemesis common.
7. No tumor in epigastric region.	7. Tumor felt in epigastric region.
8. No enlarged cervical glands.	8. Cervical glands enlarged.
9. No cachexia.	9. Marked cachexia.
10. Temperature normal.	10. Attacks of moderate fever.
Gastric Dyspepsia.	**Acid Fermentation.**
1. Pain follows taking food immediately ; or,	1. Pain comes on sometimes after eating.
2. Pain occurs when the stomach is empty, and relieved by taking food.	2. Pain never occurs with an empty stomach.
3. Vomiting common.	3. Vomiting uncommon.
4. Mental and constitutional symptoms not marked.	4. Mental and constitutional symptoms well marked.
5. Flatulence uncommon.	5. Flatulence common.
6. No sarcinæ in vomited matter.	6. Sarcinæ present in vomited matter.
Gastric Dyspepsia. (Vertigo.)	**Cerebral Vertigo.**
1. History of dyspepsia.	1. History of mental disorder.
2. Consciousness never lost.	2. Consciousness lost at times.
3. Special senses (except eyes) not affected.	3. Special senses affected.
4. Patient knows that the motion of surrounding objects is unreal.	4. Movement of surrounding objects seems real.
Gastric Dyspepsia.	**Chronic Gastritis.**

See Chronic Gastritis, page 55.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Stomach.	**Chronic Gastritis.**

See Chronic Gastritis, page 56.

Cancer of Stomach.	**Ulcer of Stomach.**
1. History of hereditary cancer.	1. History of anæmia or chlorosis.
2. Occurs in people over forty years of age.	2. Occurs usually in young adults.
3. Pain constant and lancinating.	3. Pain intermittent — worse after eating.
4. Deep pressure not painful.	4. Deep pressure very painful.
5. Hematemesis small in amount and "coffée grounds" in appearance.	5. Hematemesis bright red and large in amount.
6. Vomiting appears late in the disease.	6. Vomiting is one of the first symptoms.
7. Vomiting does not relieve the pain.	7. Vomiting relieves the pain.
8. Cancerous cachexia.	8. Anæmia.
9. Presence of tumor in epigastric region.	9. No tumor in region of stomach.

Cancer of Stomach.	**Abdominal Aneurism.**

See Abdominal Aneurism, page 46.

Cancer of Stomach.	**Cancer of Liver.**

See Cancer of Liver, page 83.

Ulcer of Stomach.	**Chronic Gastritis.**

See Chronic Gastritis, page 55.

Ulcer of Stomach.	**Cancer of Stomach.**

See Cancer of Stomach, above.

Ulcer of Stomach.	**Cardialgia.**
1. History of anæmia.	1. History of neuralgia.
2. Pain increased by taking food.	2. Pain not increased by eating.
3. Pain increased by deep pressure.	3. Pain diminished by deep pressure.

NAME OF DISEASE	DISEASES TO BE DIFFERENTIATED.
Ulcer of Stomach.	**Cardialgia.**
4. Electricity increases the pain.	4. Pain relieved by electricity.
5. Hematemesis common.	5. No hematemesis.
6. Gastric disturbance constantly present.	6. Gastric symptoms only present during the attack.
Hematemesis.	**Hemoptysis.**

See Hemoptysis, page 30.

Acute Enteritis.	**Acute Poisoning.**
1. Onset comparatively slow.	1. Onset sudden.
2. Gastric symptoms not severe.	2. Very severe gastric symptoms.
3. Intestinal symptoms first to make their appearance.	3. Gastric symptoms first to make their appearance.
4. Temperature elevated.	4. Temperature often subnormal.
5. No vomiting of blood.	5. Vomiting of bloody mucus.
6. Prostration not severe.	6. Great prostration.
7. Vomited matter free from poison.	7. Vomited matter contains poison.
8. Mouth and pharynx normal.	8. Mouth and pharynx often congested and glazed.
Acute Enteritis.	**Acute Peritonitis.**
1. Onset comparatively slow.	1. Onset sudden—usually with a chill.
2. Temperature high.	2. Temperature moderate.
3. Diarrhœa.	3. Obstinate constipation.
4. Abdomen but slightly tympanitic.	4. Abdomen very tympanitic.
5. Pulse feeble and rapid.	5. Pulse tense and wiry.
6. Vomited matter not characteristic.	6. Vomited matter spinach green.
7. Abdomno-thoracic breathing.	7. Thoracic breathing.
8. No severe prostration or collapse.	8. Great prostration and collapse.
Acute Enteritis.	**Cholera Morbus.**
1. Onset comparatively slow.	1. Onset sudden—usually at night.
2. Temperature high.	2. Temperature normal or subnormal.
3. Occasional attacks of diarrhœa and vomiting.	3. Constant vomiting and purging.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Enteritis.	**Cholera Morbus.**
4. No severe cramps in legs.	4. Severe cramps in legs.
5. No rapid prostration or collapse.	5. Sudden prostration and collapse.
6. Disease lasts a week or more.	6. Disease lasts a day or two.
Acute Enteritis.	**Typhoid Fever.**
1. Gastro-intestinal symptoms precede the febrile movement.	1. Gastro-intestinal symptoms follow the febrile movement.
2. Temperature not characteristic.	2. Temperature characteristic.
3. No nose bleed.	3. Frequent nose bleed.
4. No eruption.	4. Eruption on the seventh day.
5. Pain most severe in umbilical region.	5. Pains most severe in right iliac fossa.
6. No gurgling in iliac fossa.	6. Gurgling in right iliac fossa.
7. Recovery at the end of a week.	7. Disease lasts four weeks or more.
Cholera Morbus.	**Asiatic Cholera.**
1. Disease sporadic.	1. Disease epidemic.
2. Stools have a fæcal or mouse-like odor.	2. Stools have no fæcal odor.
3. Stools contain bile.	3. No bile in stools.
4. Evacuations contain undigested food, mucus, fæcal matter, etc.	4. "Rice water" evacuations often from the first.
5. Pain with vomiting and purging.	5. Painless vomiting and purging.
6. Urine not albuminous or suppressed.	6. Urine albuminous and often suppressed.
7. Temporary prostration.	7. Prostration greater and prolonged.
8. No comma bacilli.	8. Presence of comma bacilli.

Cholera Morbus.	**Acute Enteritis.**

See Acute Enteritis, page 58.

Cholera Morbus.	**Acute Poisoning.**
1. Begins with vomiting and purging.	1. Vomiting precedes the purging.
2. Pain not limited to epigastric region.	2. Pain limited at first to the epigastric region.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cholera Morbus.	**Acute Poisoning.**
3. No morbid appearance of mouth or pharynx.	3. Mouth and pharynx often congested and glazed.
4. No blood in vomited matter.	4. Bloody mucus mixed with vomited matter and stools.
5. Pain colicky in character.	5. Pain constant with severe exacerbations.
6. No poison in vomited matter.	6. Poison detected in the vomited matter.
Cholera Infantum.	**Acute Enteritis of Children.**
1. Temperature but slightly elevated.	1. Temperature high.
2. Abdomen retracted.	2. Abdomen tympanitic.
3. Rapid emaciation and prostration.	3. Less rapid emaciation and prostration.
4. Vomiting and purging excessive.	4. Vomiting and purging occur at intervals.
5. Great thirst.	5. Thirst not excessive.
6. Diarrhœa very watery.	6. Diarrhœa—fæces containing undigested food.
7. Movements have a musty odor.	7. Movements have a fæcal odor.
8. Urine albuminous and often suppressed.	8. Urine not suppressed or albuminous.
9. Tendency toward coma and convulsions.	9. Coma and convulsions rare.
Cholera Infantum.	**Acute Hydrocephalus.**
1. Diarrhœa.	1. Constipation usually.
2. Pupils dilated and regular.	2. Pupils contracted and irregular.
3. Pulse rapid and regular.	3. Pulse slow and irregular.
4. Abdomen retracted.	4. Abdomen tympanitic.
5. Surface cold and perspiring.	5. Surface dry and hot.
6. Tearless cry.	6. Hydrocephalic cry.
Dysentery.	**Diarrhœa with Hemorrhoids.**
1. Begins acutely.	1. History of hemorroids.
2. Temperature elevated.	2. Temperature normal.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Dysentery.	**Diarrhœa with Hemorrhoids.**
3. Constitutional symptoms well marked.	3. No severe constitutional symptoms.
4. Stools scanty in amount.	4. Stools copious.
5. Stools contain mucus and blood.	5. Stools contain blood and fæcal matter.
6. On examination find absence of hemorrhoids.	6. Examination shows presence of enlarged veins.
Dysentery.	**Acute Proctitis.**
1. Begins acutely with chill, etc.	1. Begins with uneasy feeling in rectum.
2. Constitutional symptoms well marked.	2. No constitutional symptoms.
3. Severe pain in abdomen.	3. Pain limited to rectum.
4. Temperature elevated.	4. Temperature about normal.
5. Diarrhœa.	5. Constipation.
6. Abdomen tympanitic and tender.	6. Abdomen not tympanitic or tender.
Chronic Dysentery.	**Cancer of Rectum.**
1. History of an acute attack.	1. History of hereditary cancer.
2. Bearing down pains in rectum.	2. Pain lancinating.
3. Diarrhœa common.	3. Constipation.
4. Fæces pasty and mixed with mucus and blood.	4. Fæces ribbon-like and covered with mucus and blood.
5. Anæmia and debility.	5. Cancerous cachexia.
6. Rectal examination shows disease of mucous membrane.	6. Rectal examination shows presence of tumor.
Perityphlitis.	**Typhlitis.**
1. Presence of tumor before intestinal symptoms are developed.	1. Begins with colicky pains and irregular action of bowels.
2. Pain deep-seated.	2. Pain superficial.
3. Pain increased upon motion of thigh.	3. Pain not increased by moving thigh.
4. Presence of fluctuation.	4. No fluctuation.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Perityphlitis.	**Typhlitis.**
5. Tumor irregular and deep-seated.	5. Tumor superficial and regular.
6. Dulness on percussion over tumor has a tympanitic character.	6. No tympanitic character to the dulness.
7. Fever, chills, and sweats.	7. Absence of chills and sweating.
Perityphlitis.	**Cancer of Cæcum.**
1. Usually the result of typhlitis.	1. History of hereditary cancer.
2. Tumor develops rapidly.	2. Tumor develops slowly.
3. Pain throbbing in character.	3. Pain lancinating.
4. Pain increased by movement of thigh.	4. Pain not increased by movement of thigh.
5. Tumor fluctuating.	5. Tumor solid.
6. Fever, chills, and sweating.	6. No chills or sweating.
Perityphlitis.	**Distension of Cæcum.**
1. History of typhlitis.	1. History of constipation.
2. Fever, chills, and sweating.	2. No fever, chills, or sweating.
3. Tumor fluctuates.	3. No fluctuation.
4. Pain increased by moving the right thigh.	4. No pain produced by movements of thigh.
5. Symptoms not relieved by an enema or cathartic.	5. Symptoms relieved by an enema or cathartic.
Perityphlitis.	**Psoas Abscess.**
1. History of typhlitis.	1. History of disease of spine.
2. Intestinal symptoms well marked.	2. No well-marked intestinal symptoms.
3. No pain in spine.	3. Aching pain in back.
4. Fluctuating tumor appears gradually.	4. Tumor often appears suddenly.
5. Constitutional symptoms are well marked.	5. No severe constitutional symptoms.
6. The pus has a fæcal odor.	6. No fæcal odor to the pus.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Perityphlitis.	**Intussusception.**
1. Tumor develops slowly.	1. Tumor develops suddenly.
2. Simple constipation.	2. Complete intestinal obstruction.
3. No blood or mucus with stools.	3. Small, bloody, and mucous passages.
4. Irregular chills and sweating.	4. No chills or sweating.
5. No stercoraceous vomiting.	5. Stercoraceous vomiting.
6. Tumor irregular in shape.	6. Tumor sausage-shaped.
7. No severe collapse or prostration.	7. Sudden collapse and prostration.
Intestinal Obstruction.	**Intestinal Colic.**
1. Obstinate constipation.	1. Bowels irregular.
2. Pain persistent.	2. Pain intermittent.
3. Pain not relieved by pressure.	3. Pain relieved by pressure.
4. Stercoraceous vomiting.	4. No vomiting.
5. Symptoms of profound collapse.	5. No collapse.
Intestinal Obstruction.	**Acute Peritonitis.**
1. Temperature normal or subnormal.	1. Temperature elevated.
2. Pulse feeble and rapid.	2. Pulse tense and wiry.
3. Stercoraceous vomiting.	3. Spinach-green vomiting.
4. Pain localized.	4. Pain general over abdomen.
5. Some tenderness upon pressure.	5. Great abdominal tenderness.
6. Abdomino-thoracic breathing.	6. Thoracic breathing.
Intestinal Obstruction.	**Hepatic Colic.**
1. Fæcal vomiting.	1. Vomiting not stercoraceous.
2. Pain localized and constant.	2. Pain paroxysmal and radiating from gall bladder to back.
3. Obstinate constipation.	3. Stools clay-colored.
3. Urine lessened in amount.	4. Urine contains bile pigment.
5. No jaundice.	5. Jaundice common.
6. Pressure increases the pain.	6. Pressure relieves the pain.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Intestinal Obstruction.	**Renal Colic.**
1. Fæcal vomiting.	1. No stercoraceous vomiting.
2. Pain localized and constant.	2. Pain paroxysmal and extends along ureters to penis of testicle.
3. Urine diminished in amount.	3. Urine bloody.
4. Complete constipation.	4. Bowels normal.
5. No pain in testicles.	5. Testicles painful and retracted.
6. Pressure increases the pain.	6. Pressure relieves the pain.
Intestinal Obstruction.	**Chronic Constipation.**
1. Onset sudden.	1. History of constipation.
2. Fæcal vomiting.	2. Absence of vomiting.
3. Tympanitic distension of abdomen.	3. No tympanites.
4. Cathartics increase the severity of the symptoms.	4. Cathartics relieve the symptoms.
5. No scybala felt through the abdominal wall.	5. Scybala felt through the abdominal wall.
6. Great prostration and collapse.	6. No severe constitutional symptoms.
Tubercular Enteritis. (Ulcer of intestine.)	**Tubercular Meningitis.**
1. Abdomen distended.	1. Abdomen retracted.
2. Diarrhœa.	2. Constipation.
3. Pulse accelerated.	3. Pulse retarded.
4. Pupils normal.	4. Pupils contracted and irregular.
5. Vomiting rare.	5. Vomiting frequent and projectile.
6. Inordinate hunger.	6. Loss of appetite.
Tubercular Enteritis. (Ulcer of Intestine.)	**Tubercular Peritonitis.**
1. Abdomen distended and flaccid.	1. Abdomen distended and rigid.
2. Pain moderate and not increased upon pressure.	2. Pain severe and increased by pressure.
3. Rapid emaciation.	3. Emaciation less rapid.
4. Cervical glands enlarged.	4. Glands not enlarged.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Tubercular Enteritis.	**Tubercular Peritonitis.**
5. No ascites.	5. Ascites common.
6. Tympanitic percussion note.	6. Dulness on percussion.
7. No redness around umbilicus.	7. Redness and œdema around umbilicus.
Cancer of Intestine.	**Floating Kidney.**
1. History of hereditary cancer.	1. No hereditary tendencies.
2. Cancerous cachexia.	2. No cachexia.
3. Pain lancinating.	3. Pain dull.
4. Tumor irregular in shape.	4. Tumor kidney shape.
5. Tumor in front of intestines.	5. Tumor behind intestine.
6. Pain not much increased by manipulation.	6. Sickening pain produced by squeezing tumor.
Cancer of Intestine.	**Perityphlitis.**
See Perityphlitis, page 62.	
Cancer of Intestine.	**Hemorrhoids.**
1. History of hereditary cancer.	1. History of sedentary habits, disease of the liver, etc.
2. Cancerous cachexia.	2. No cachexia.
3. Bloody mucus with stools.	3. Occasional hemorrhage from bowel.
4. Fæces ribbon like.	4. Fæces normal in shape.
5. Pain lancinating in character.	5. Dragging pain in rectum.
6. By examination find a tumorous mass in rectum.	6. On examination find enlarged veins in rectum.
Cancer of Intestine.	**Abdominal Aneurism.**
See Abdominal Aneurism, page 47.	
Proctitis.	**Periproctitis.**
1. Begins with tenesmus.	1. Begins with pain and tenderness in anal region.
2. Stools contain gelatinous mucus and blood.	2. Stools do not contain blood or mucus.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Proctitis.	**Periproctitis.**
3. No chills, fever, or sweating.	3. Chills, fever, and sweating.
4. No external signs of inflammation.	4. External signs of inflammation.
5. No fluctuating tumor.	5. Presence of fluctuating tumor.
6. Examination shows diseased condition of rectal mucus membrane.	6. On examination an abscess is found in neighborhood of rectum.
Proctitis.	**Hemorrhoids.**
1. Tenesmus severe.	1. Pain greater than the tenesmus.
2. Stools contain mucus and blood.	2. Stools contain pure blood.
3. No external appearance of disease.	3. Hemorrhoids often appear externally.
4. Examination shows diseased condition of the rectal mucous membrane.	4. Examination shows enlarged veins in rectum.

Proctitis. **Dysentery.**

See Dysentery, page 61.

Proctitis. **Cancer of Intestine.**

See Cancer of Intestine, page 65.

Hemorrhoids. **Proctitis.**

See Proctitis, above.

Hemorrhoids. **Dysentery.**

See Dysentery, page 60.

Hemorrhoids. **Cancer of Intestine.**

See Cancer of Intestine, page 65.

Hemorrhoids.	**Intestinal Hemorrhage.**
1. Tenesmus.	1. No tenesmus.
2. Bearing down pain in rectum.	2. Abdominal pain.
3. Constipation.	3. Usually diarrhœa.
4. Blood bright red and covers fæces.	4. Blood tarry and mixed with fæces.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hemorrhoids.	**Intestinal Hemorrhage.**
5. No constitutional symptoms.	5. Well-marked constitutional symptoms.
6. Rectal examination shows presence of enlarged veins.	6. Rectal examination negative.
Intestinal Colic.	**Acute Peritonitis.**
1. No fever.	1. High temperature.
2. Pulse slow and full.	2. Pulse rapid and wiry.
3. Great restlessness.	3. Patient perfectly still.
4. Pressure relieves the pain.	4. Pressure increases the pain.
5. Pain paroxysmal.	5. Pain constant.
6. No vomiting.	6. Spinach-green vomiting.
Intestinal Colic.	**Perforation of Intestine.**
1. Pain paroxysmal.	1. Pain constant with paroxysmal aggravations.
2. Temperature normal.	2. Temperature often subnormal.
3. Pulse slow and full.	3. Pulse rapid and feeble.
4. Pressure relieves the pain.	4. Pressure increases the pain.
5. No marked tympanites.	5. Tympanites.
6. No real prostration or collapse.	6. Great prostration and collapse.
7. No hemorrhage from bowels.	7. Hemorrhage from bowel common.
Intestinal Colic.	**Intestinal Obstruction.**
See Intestinal Obstruction, page 63.	
Intestinal Colic.	**Hepatic Colic.**
1. No vomiting.	1. Vomiting.
2. No jaundice.	2. Jaundice.
3. Pain most severe in the umbilical region.	3. Pain most severe in epigastric region, shooting toward back.
4. Bowels irregular.	4. Stools clay-colored.
5. Pain colicky in character.	5. Pain tearing in character.
6. No gall stones in fæces.	6. Gall stones in fæces.
7. Urine normal.	7. Urine contains bile pigment.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Intestinal Colic.	**Renal Colic.**
1. Urine normal.	1. Urine passed frequently and contains blood.
2. No pain in testicles.	2. Testicle retracted and painful.
3. Pain most severe in umbilical region.	3. Pain shoots along ureters into testicle to penis.
4. Pain colicky in character.	4. Pain tearing and shooting.
5. No vomiting.	5. Frequent vomiting.
6. No numbness of thigh.	6. Marked numbness of thigh.
Intestinal Colic.	**Abdominal Rheumatism.**
1. Pain paroxysmal.	1. Pain constant.
2. Pain relieved by pressure.	2. Pain increased by pressure.
3. Pain of greatest intensity in umbilical region.	3. Pain of greatest intensity over the origin and insertion of muscles.
4. History of indigestion, exposure to cold, etc.	4. History of rheumatism.
5. No spots of extreme tenderness.	5. Spots of Hyperæsthesia.
6. Pain deep-seated.	6. Pain superficial.
Intestinal Colic.	**Uterine Colic.**
1. Occurs at any time.	1. At menstrual period.
2. Pain intermittent.	2. Pain remittent.
3. Pain in umbilical region most severe.	3. Pain most severe in the hypogastric or pelvic region.
4. No vomiting.	4. Vomiting common.
5. No bladder symptoms.	5. Irritability of the bladder.
6. Pain relieved by pressure.	6. Pain increased by pressure.

Acute Peritonitis. **Acute Enteritis.**

See Acute Enteritis, page 58.

Acute Peritonitis. **Intestinal Colic.**

See Intestinal Colic, page 67.

Acute Peritonitis. **Intestinal Obstruction.**

See Intestinal Obstruction, page 63.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Peritonitis.	**Hysteria.**
1. Temperature elevated.	1. Temperature normal.
2. Harder the pressure more severe the pain.	2. A light touch causes as much pain as deep pressure.
3. Pulse tense and wiry.	3. Pulse normal.
4. Great prostration.	4. Prostration only apparent.
5. Peritonitic countenance and position.	5. Hysterical countenance and restlessness.
6. Spinach-green vomiting.	6. Globus hysterica.
Acute Peritonitis.	**Renal or Hepatic Colic.**
1. Pain increased by pressure.	1. Pain diminished by pressure.
2. Patient very quiet.	2. Great restlessness.
3. Temperature elevated.	3. Temperature normal.
4. No change in color of fæces or urine.	4. Fæces or urine has an abnormal color.
5. Great tympanites.	5. Tympanites absent or slight.
6. Severe collapse and prostration.	6. Prostration but temporary.
Acute Peritonitis.	**Acute Gastritis.**
1. No vomiting at first.	1. Begins with vomiting.
2. Vomiting inconstant and spinach-green in color.	2. Vomiting constant and bilious.
3. Pain diffuse.	3. Pain limited to gastric region.
4. Great tympanites.	4. Tympanites moderate or absent.
5. Peritonitic countenance and position.	5. Countenance pale, position not characteristic.
6. Constipation.	6. Bowels normal or irregular.
Acute Peritonitis.	**Acute Poisoning.**
1. Temperature elevated.	1. Temperature normal or subnormal.
2. Begins with chill and pain in abdomen.	2. Begins with vomiting and pain in the stomach.
3. Spinach-green vomiting.	3. Vomited matter contains blood and mucus.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Peritonitis.	**Acute Poisoning.**
4. Obstinate constipation.	4. Diarrhœa.
5. No cramps in legs.	5. Severe cramps in legs.
6. Mouth and pharynx normal.	6. Mouth and pharynx red and glazed.
7. Abdomen tympanitic.	7. Abdomen retracted.
8. No poison in vomited matter.	8. Vomited matter contains poison.
Chronic Peritonitis.	**Cancerous Peritonitis.**
1. History of an acute attack.	1. History of hereditary cancer.
2. Temperature irregular — 99° to 104°.	2. Temperature usually normal.
3. Ascitic fluid clear.	3. Ascitic fluid bloody.
4. Anæmia.	4. Cancerous cachexia.
5. Occasional chills.	5. No chills.
6. No tumefaction of the omentum.	6. Tumefaction of the omentum.
7. No cancer cells in ascitic fluid.	7. Ascitic fluid contains cancer cells.
Chronic Peritonitis.	**Tubercular Peritonitis.**
1. History of an acute attack.	1. History of tuberculosis.
2. Constipation alternating with diarrhœa.	2. Constant diarrhœa.
3. No redness around umbilicus.	3. Redness and œdema around umbilicus.
4. Ascitic fluid clear.	4. Ascitic fluid hemorrhagic.
5. No tubercle bacilli in fluid.	5. Fluid contains tubercle bacilli.
6. No sign of tubercular disease in other organs, as the lungs.	6. Lungs and other organs frequently tuberculous.
7. Frequent chills.	7. Frequent profuse sweating.
8. Moderate ascites.	8. Ascites well-marked.
9. Typhoid symptoms appear late.	9. Typhoid symptoms appear early.
Chronic Peritonitis.	**Ascites.**
1. History of an acute attack.	1. History of kidney, liver, and heart disease.
2. No general œdema.	2. General œdema.
3. Abdomen painful.	3. No pain in abdomen.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chronic Peritonitis.	**Ascites.**
4 Tenderness upon pressure.	4. No tenderness on pressure.
5. Temperature irregular.	5. Temperature normal.
6. Abdominal veins not dilated.	6. Dilatation of abdominal veins.
Tubercular Peritonitis.	**Cancerous Peritonitis.**
1. History of tuberculosis.	1. History of hereditary cancer.
2. Tubercular disease of other organs.	2. Surrounding organs frequently cancerous.
3. Ascites well-marked.	3. Ascites usually not well-marked.
4. Profuse sweats.	4. No profuse sweats.
5. Temperature elevated, especially at night.	5. Temperature about normal—cancerous cachexia.
6. Redness and œdema around umbilicus.	6. No redness or œdema about umbilicus.
7. Abdomen has a doughy feeling.	7. Abdomen feels tumorous.

Tubercular Peritonitis. — **Chronic Peritonitis.**

See Chronic Peritonitis, page 70.

Tubercular Peritonitis. — **Tubercular Enteritis.**

See Tubercular Enteritis, page 64.

Ascites (Abdominal Dropsy). — **Chronic Peritonitis.**

See Chronic Peritonitis, page 70.

Ascites.	**Ovarian Dropsy.**
1. Uniform enlargement.	1. Irregular abdominal enlargement.
2. Begins in dependent portion of abdomen.	2. Begins in one iliac fossa.
3, Line of dulness changes with position of patient.	3. Line of dulness stationary.
4. Fluctuation well-marked.	4. Fluctuation indistinct.
5. History of liver, kidney, or heart disease.	5. No history of previous disease.
6. Fluid serous in character.	6. Fluid albuminous and contains characteristic cells.
7. No well-defined outline of dulness.	7. Distinct outline of cyst wall, which limits the area of dulness.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Ascites.	**Distended Bladder.**
1. No bladder symptoms.	1. Retention or incontinence of urine.
2. Line of dulness changes with position of patient.	2. Line of dulness uniform.
3. No pain on pressure.	3 Pain produced by pressure.
4. No uniform outline of dulness.	4. Dulness has a rounded outline.
5. Symptoms not relieved by passing catheter.	5. Distention relieved by passing catheter.
Ascites.	**Pregnancy.**
1. Line of dulness changes with position of patient.	1. Line of dulness constant.
2. Fluctuation well-marked.	2. Fluctuation indistinct.
3. No mammary changes.	3. Well-marked mammary signs.
4. No well-defined outline to dulness.	4. Uterus has a well-defined outline.
5. No fœtal heart.	5. Fœtal heart.
6. No ballotement.	6. Ballotement.
Ascites.	**Hydatids of Liver.**
1. Flatness begins below.	1. Flatness begins above.
2. Line of dulness changes with position of patient.	2. Line of dulness constant.
3. No fremitus on percussion.	3. Hydatid fremitus on percussion.
4. Tympanites above the flat area.	4. Tympanites below the flat area.
5. No hooklets in fluid.	5. Hooklets found in the fluid.
Ascites.	**Cirrhosis of the Liver.**

See Cirrhosis of the Liver, page 78.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE LIVER.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE LIVER.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute congestion of the liver	Abscess of the liver. Fatty liver. Catarrh of the bile ducts.
Cirrhosis of the liver	Fatty liver. Cancer of liver. Ascites due to other causes.
Abscess of the liver	Hydatids of the liver. Cancer of the liver. Acute congestion of the liver. Abscess in abdominal walls. Enlarged gall-bladder. Perihepatitis. Empyema. Pylephlebitis.
Acute yellow atrophy	Yellow fever. Pyæmia. Bilious remittent fever. Simple jaundice. Remittent fever.
Fatty liver	Waxy liver. Acute congestion of liver. Cancer of liver.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Liver	Cirrhosis of liver. Fatty liver. Abscess of liver. Hydatids of liver. Cancer of stomach. Cancer of kidney.
Hydatids of liver	Ascites. Cancer of liver. Abscess of liver. Enlarged gall-bladder. Abdominal aneurism. Cyst of kidney.
Perihepatitis	Abscess of liver. Intercostal neuralgia. Acute pleurisy.
Hepatic colic	Renal colic. Intestinal colic. Acute peritonitis. Cardialgia.
Hepatogenous jaundice	Hematogenous jaundice. Acute yellow atrophy. Acute congestion of liver.

Acute Congestion of Liver.

1. Uniform enlargement of liver.
2. Rapid enlargement of liver.
3. Pain diffuse over liver.
4. Pain not severe.
5. Pulse slow or normal.
6. No chill, fever, or sweating.
7. But slight tenderness on pressure.

Abscess of Liver.

1. Irregular enlargement of liver.
2. Enlargement takes place slowly.
3. Pain localized.
4. Pain quite severe.
5. Pulse rapid.
6. Chills, fever, and profuse sweats.
7. Well-marked tenderness on pressure.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Congestion of Liver.	**Fatty Liver.**
1. History of alcoholism, gout, syphilis, etc.	1. History of high living or phthisis.
2. Pain over liver.	2. No pain over liver.
3. Dyspeptic symptoms.	3. Dyspeptic symptoms uncommon.
4. Skin dingy and rough.	4. Skin yellow and greasy.
5. On palpation liver feels hard and resistant.	5. Liver feels soft and doughy.
6. Some tenderness on pressure.	6. No tenderness on pressure.
7. Hemorrhoids common.	7. Hemorrhoids uncommon.
Acute Congestion of Liver.	**Catarrh of Bile Ducts.**
1. Jaundice slight.	1. Jaundice well-marked.
2. Gastro-duodenitis succeeds the hepatic symptoms.	2. Gastro-duodenitis precedes the hepatic symptoms.
3. Hemorrhoids common.	3. Hemorrhoids unfrequent.
4. Liver considerably enlarged.	4. Liver slightly enlarged.
5. Tenderness on pressure.	5. No tenderness upon pressure.
6. Marked dizziness at times.	6. Patient stupid and drowsy.
Cirrhosis of Liver.	**Fatty Liver.**
1. History of alcoholism, syphilis, etc.	1. History of high living, phthisis. etc.
2. Skin dingy and rough.	2. Skin yellow and greasy.
3. Liver hard and resistant on palpation.	3. Liver soft and doughy.
4. Some tenderness on pressure.	4. No tenderness on pressure.
5. Emaciation.	5. Obesity.
6. Spleen enlarged.	6. Spleen normal.
7. Ascites.	7. No ascites.
8. Liver usually diminished in size.	8. Liver always large.
Cirrhosis of Liver.	**Cancer of Liver.**
1. Liver usually small.	1. Liver always enlarged.
2. If nodular, the nodules are not well marked.	2. Nodules well marked.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cirrhosis of Liver.	**Cancer of Liver.**
3. Spleen enlarged.	3. Spleen not enlarged.
4. Ascites.	4. No ascites.
5. Slight pain over liver.	5. Severe pain over liver.
6. But slight tenderness on pressure.	6. Marked tenderness on pressure.
7. Skin has a dingy hue.	7. Cancerous cachexia.
8. Gastric and intestinal hemorrhages common.	8. Hemorrhages rare unless the disease is complicated.
9. Enlarged abdominal veins.	9. Adominal veins not enlarged.
Cirrhosis of Liver.	**Ascites due to other Causes.**
1. Liver small.	1. Liver normal size.
2. Gastric and intestinal hemorrhages common.	2. Hemorrhages rare.
3. Spleen enlarged.	3. Spleen normal size.
4. Dropsy begins as ascites.	4. Dropsy begins in extremities or face.
5. Enlarged abdominal veins.	5. Abdominal veins not enlarged.
6. Hemorrhoids common.	6. Hemorrhoids unfrequent.
7. Absence of disease in other organs.	7. Disease of heart, kidneys, peritoneum, etc.
Abscess of Liver.	**Hydatids of Liver.**
1. Occurs most frequently in those who have lived in hot climates.	1. Occurs most frequently in cold climates.
2. Rapid and acute disease.	2. Slow and chronic disease.
3. Severe pain.	3. Little or no pain.
4. Chills, fever, and sweating.	4. No chills, fever, or sweating.
5. Well-marked gastric symptoms.	5. No gastric disturbance.
6. No peculiar fremitus produced on percussion.	6. Hydatid fremitus or thrill produced by percussion.
7. Exploring needle withdraws pus.	7. Fluid contains hooklets.
Abscess of Liver.	**Cancer of Liver.**
1. Primary disease.	1. Disease hereditary or secondary.
2. Rapid enlargement of liver.	2. Liver enlarges slowly.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Abscess of Liver.	**Cancer of Liver.**
3. Fever, chills, and sweating.	3. No chills or sweating.
4. No nodular feel on palpation.	4. Liver distinctly nodular.
5. Patient hectic in appearance.	5. Cancerous cachexia
6. Ascites uncommon.	6. Ascites not infrequent.
7. Exploring needle withdraws pus.	7. Exploring needle withdraws blood.
Abscess of Liver.	**Acute Congestion of Liver.**

See Acute Congestion of Liver, page 76.

Abscess of Liver.	**Abscess in Abdominal Wall.**
1. Line of liver dulness well marked.	1. Line of dulness indistinct.
2. Line of dulness corresponds to the hepatic area.	2. Line of dulness does not correspond to liver dulness.
3. Shiny, œdematous skin over liver appears late in the disease.	3. Inflammation of the skin appears early in the disease.
4. Superficial tenderness over liver appears late.	4. Superficial tenderness appears early.
5. The tumor has an up and down movement, due to respiration.	5. The tumor has no up and down movement.
Abscess of Liver.	**Enlarged Gall Bladder.**
1. History of injury, dysentery, etc.	1. History of jaundice or biliary colic.
2. Abscess tumor broad and flat.	2. Tumor globular and pear-shaped.
3. Tumor not movable.	3. Tumor movable.
4. Chills, fever, and sweating.	4. No chills or sweating.
5. Jaundice uncommon.	5. Jaundice common.
6. Melancholia.	6. No depression of spirits.
7. Exploring needle withdraws pus.	7. Exploring needle withdraws bile.
Abscess of Liver.	**Perihepatitis.**
1. Chills, fever, and sweating.	1. No chills or sweating.
2. Temperature, 103° to 105°.	2. Temperature rarely over 101°.
3. Gastric symptoms.	3. No gastric disturbance.
4. Deep fluctuation on palpation.	4. No fluctuating tumor.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Abscess of Liver.	**Perihepatitis.**
5. Increased area of liver dulness on percussion.	5. Liver not enlarged.
6. Patient has a hectic appearance.	6. Patient has a normal appearance.
7. Melancholia.	7. Buoyant spirits.
Abscess of Liver.	**Pylephlebitis.**
1. Diarrhœa uncommon.	1. Diarrhœa.
2. Jaundice infrequent.	2. Jaundice.
3. Fluctuation on palpation.	3. No fluctuating tumor.
4. Spleen normal size.	4. Spleen enlarged.
5. No enlargement of abdominal veins.	5. Abdominal veins distended.
6. Stools clay-colored.	6. Stools watery and dark.
7. Exploring needle withdraws pus.	7. Exploring needle withdraws blood.
Abscess of Liver.	**Empyema.**
1. Gastric disturbance.	1. No gastric symptoms.
2. Stools clay-colored.	2. Stools normal color.
3. Needle thrust into liver abscess has an up-and-down movement.	3. Needle thrust into plural cavity has no up-and-down movement.
4. Area of dulness corresponds to that of enlarged liver.	4. Area of dulness changes with the position of patient.
5. Dulness seldom reaches above the fourth rib.	5. Flatness often extends higher than the fourth rib.
6. Disease preceded by signs of hepatic inflammation.	6. Disease preceded by pleurisy or pleuro-pneumonia.
7. Marked tenderness over liver area.	7. No tenderness on pressure.
8. No pulmonary symptoms.	8. Cough, dyspnœa, and expectoration.
9. Exploring needle will bring away hepatic tissue.	9. Exploring needle withdraws pus.
Acute Yellow Atrophy.	**Bilious Remittent Fever.**
1. Begins as simple jaundice.	1. Begins with a chill.
2. No chill with sudden rise of temperature.	2. Chills followed by fever and sweating.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Yellow Atrophy.	**Bilious Remittent Fever.**
3. No regular remissions of symptoms.	3. Regular remission of symptoms.
4. No pigmentation of blood.	4. Free pigment in blood.
5. Jaundice appears early.	5. Jaundice appears late.
6. Liver diminishes in size.	6. Liver increases in size.
7. Leucin and tyrosin in urine.	7. Urine normal.
Acute Yellow Atrophy.	**Simple Obstructive Jaundice.**
1. Temperature elevated.	1. Temperature normal.
2. Liver diminishes in size.	2. Liver slightly increased in size.
3. Stupor, coma, and convulsions.	3. Mind dull.
4. Severe headache.	4. Dull frontal headache.
5. Leucin and tyrosin in urine.	5. Bile pigment in urine.
6. Pulse rapid from 140 to 160.	6. Pulse full and slow.
Acute Yellow Atrophy.	**Yellow Fever.**
1. Begins as simple jaundice.	1. Begins with a chill.
2. Spleen increased in size.	2. Spleen normal in size.
3. Liver diminishes in size.	3. Liver increases in size.
4. Urine acid.	4. Urine alkaline.
5. Urine contains leucin and tyrosin.	5. Urine contains many urates.
6. Pulse 140 to 160.	6. Pulse gaseous and rarely over 110.
7. " Black vomit " appears late.	7. " Black vomit " appears early.
Acute Yellow Atrophy.	**Pyæmia.**
1. Begins as simple jaundice.	1. Begins with a chill.
2. No chills or exhaustive sweats.	2. Irregular chills and sweating.
3. Stools clay-colored and formed.	3. Diarrhœa.
4. Liver diminishes rapidly in size.	4. Liver normal in size.
5. Leucin and tyrosin in urine.	5. Urine albuminous.
6. No lung complications.	6. Abscess of lungs.
Acute Yellow Atrophy.	**Remittent Fever.**

See Remittent Fever, page 80.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Fatty Liver.	**Acute Congestion of Liver.**

See Acute Congestion of Liver, page 77.

Fatty Liver.	**Waxy Liver.**
1. History of high living or phthisis.	1. History of suppuration or syphilis.
2. Skin shiny and greasy.	2. Skin pale and dry with indigo odor.
3. Blood hydroæmic.	3. Blood leukæmic.
4. Urine normal.	4. Urine albuminous.
5. Liver feels soft and flabby.	5. Liver feels hard and well defined.
6. Spleen normal in size.	6. Spleen increased in size.

Fatty Liver.	**Cancer of Liver.**
1. History of high living or phthisis.	1. History of hereditary or secondary cancer.
2. Liver uniformly enlarged.	2. Nodular enlargement of liver.
3. No pain over liver.	3. Severe pain over liver.
4. Skin shiny and greasy.	4. Skin dry and straw-colored.
5. Slow progress of disease.	5. Disease rapid in progress.
6. No enlarged glands.	6. Abdominal and cervical glands enlarged.

Cancer of Liver.	**Cirrhosis of Liver.**

See Cirrhosis of Liver, page 77.

Cancer of Liver.	**Fatty Liver.**

See Fatty Liver, above.

Cancer of Liver.	**Abscess of Liver.**

See Abscess of Liver, page 78.

Cancer of Liver.	**Hydatids of Liver.**
1. Pain severe.	1. No pain.
2. Liver nodules hard.	2. Liver tumors soft, smooth and elastic.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Liver.	**Hydatids of Liver.**
3. No percussion fremitus.	3. Hydatid fremitus on percussion.
4. Severe gastric symptoms.	4. No gastric disturbance.
5. Disease rapid in development.	5. Slow progress of disease.
6. Exploring needle withdraws blood.	6. Exploring needle withdraws fluid containing hooklets.
Cancer of Liver.	**Cancer of Stomach.**
1. Hepatic symptoms appear first	1. Gastric symptoms are the first to appear.
2. No vomiting of blood.	2. Hematemesis.
3. Gastric symptoms not increased by taking food.	3. Symptoms often increased by taking food.
4. Absolute dulness over the tumor.	4. Tympanitic quality to the tumor dulness.
5. Tumor multiple.	5. Tumor single.
6. Tumor stationary.	6. Tumor movable.
Cancer of Liver.	**Cancer of Kidney.**
1. Gastric symptoms well marked.	1. No well-marked gastric disturbance.
2. Urine normal.	2. Urine contains blood.
3. Outline of dulness corresponds to the shape of the liver.	3. Outline of dulness corresponds to the shape of the kidney.
4. Area of dulness not bounded by a tympanitic resonance.	4. Area of dulness is bounded by tympanitic resonance.
5. Tumor lowered by a deep inspiration.	5. Tumor stationary.
6. Disease of adults.	6. disease of children or adults.
Hydatids of Liver.	**Cancer of Liver.**

See Cancer of Liver, page 82.

Hydatids of Liver.	**Abscess of Liver.**

See Abscess of Liver, page 78.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hydatids of Liver.	**Abdominal Aneurism.**

See Abdominal Aneurism, page 46.

Hydatids of Liver.	**Enlarged Gall Bladder.**
1. History of eating raw meat.	1. History of jaundice or hepatic colic.
2. Tumor multiple.	2. Tumor single.
3. Tumor globular.	3. Tumor pear-shaped.
4. Tumor readily manipulated.	4. Tumor not readily manipulated.
5. Hydatic fremitus on percussion.	5. No fremitus on percussion.
6. Exploring needle withdraws fluid containing hooklets.	6. Exploring needle withdraws bile.

Hydatids of Liver.	**Cyst of Kidney.**
1. Tumor grows from above downward.	1. Tumor grows from below upward.
2. Tumor rises and falls with respiration.	2. Tumor stationary.
3. Colon lies behind tumor.	3. Colon lies in front of tumor.
4. Hydatid fremitus on percussion.	4. No fremitus on percussion.
5. Hooklets found in aspirated fluid from tumor.	5. Aspirating needle withdraws albuminous fluid containing chlorides.

Hydatids of Liver.	**Ascites.**

See Ascites, page 72.

Perihepatitis.	**Abscess of Liver.**

See Abscess of Liver, page 79.

Perihepatitis.	**Intercostal Neuralgia.**
1. Begins with a chill.	1. Begins with shooting pain in side.
2. Temperature 100° to 102°.	2. Temperature normal.
3. No distinct points of tenderness.	3. Three distinct points of tenderness.
4. No history of neuralgia.	4. History of neuralgia.
5. Pain not limited to an intercostal space.	5. Pain limited to an intercostal space.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Perihepatitis.	**Intercostal Neuralgia.**
6. Pain increased by pressure upward under ribs.	6. Pain not increased by pressure upward under ribs.
7. No herpetic eruptions.	7. Herpes zoster common.
Perihepatitis.	**Acute Pleurisy.**
1. Slight dyspnœa.	1. Dyspnœa well marked.
2. Pain increased by pressure upward under ribs.	2. Pain not increased by pressure, but by respiration.
3. Pain most severe below fourth rib.	3. Pain most severe above fourth rib.
4. Pulmonary physical signs normal.	4. Diminished vocal fremitus, dulness on percussion, and sticky râles.
5. No cough.	5. Teasing dry cough.
Hepatic Colic.	**Intestinal Colic.**
See Intestinal Colic, page 67.	
Hepatic Colic.	**Acute Peritonitis.**
See Acute Peritonitis, page 69.	
Hepatic Colic.	**Renal Colic.**
1. Pain shoots from gall bladder to back.	1. Pain shoots along ureter to testicle or penis.
2. Urine contains bile pigment.	2. Urine contains blood.
3. Fæces clay-colored.	3. Fæces normal color.
4. Stools contain gall-stones.	4. Urine contains gravel.
5. Urine voided naturally.	5. Urine passed every few minutes.
6. Gall bladder remains tender on pressure.	6. Sharp pain followed by a dull aching in loins.
Hepatic Colic.	**Cardialgia.**
1. Attack comes on at any time.	1. Attack comes on after eating.
2. Pain shoots from gall bladder to back.	2. Pain confined to epigastric region.
3. Pain ceases suddenly.	3. Pain stops gradually.
4. Urine contains bile pigment.	4. Urine normal.
5. Fæces clay-colored.	5. Normal color of fæces.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hepatogenous Jaundice.	**Hematogenous Jaundice.**
1. Occurs with gastroduodenitis, catarrh of bile ducts, etc.	1. Occurs with fevers, blood diseases, etc.
2. Urine contains bile coloring matter.	2. Urine contains bile acids.
3. No albumen in urine.	3. Urine albuminous.
4. Fæces clay-colored.	4. Fæces dark color.
5. Heart slow and regular.	5. Heart rapid and irregular.
6. No severe nervous symptoms.	6. Nervous symptoms well marked.
7. Itching of skin.	7. Small hemorrhages in skin.
8. Liver increased in size.	8. Spleen usually enlarged.
9. Jaundice well marked.	9. Jaundice slight.
10. Slight loss of flesh.	10. Rapid emaciation.

Hepatogenous Jaundice. **Acute Yellow Atrophy.**

See Acute Yellow Atrophy, page 81.

Hepatogenous Jaundice. **Acute Congestion of Liver.**

See Acute Congestion of Liver, page 77.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE KIDNEYS AND BLADDER.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE KIDNEYS AND BLADDER.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Uræmia	Epilepsy. Apoplexy. Hysteria. Meningitis. Opium poisoning. Alcoholic coma.
Acute Bright's	Congestion of the kidneys. Hematinuria. Suppurative nephritis. Acute cystitis. Chronic Bright's.
Large White Kidney (Chronic Bright's)	Acute Bright's. Cirrhotic kidney. Fatty or waxy kidney.
Cirrhotic kidney (Chronic Bright's)	Acute Bright's. Large, white kidney. Fatty or waxy kidney.
Fatty or waxy kidney (Chronic Bright's)	Acute Bright's. Cirrhotic kidney. Large white kidney.
Bright's disease (dropsy)	Dropsy due to other causes.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pyelitis	Suppurative nephritis. Cystitis.
Pyonephrosis	Perinephritic abscess. Hydronephrosis.
Suppurative nephritis	Pyelitis. Pyæmia. Perinephritic abscess. Acute Bright's. Cystitis.
Hematuria	Hemorrhage from bladder. Hemorrhage from urethra.
Hematinuria	Acute Bright's. Hematuria.
Hydronephrosis, or hydatids	Hydatids of kidney. Ovarian cyst. Pyonephritis. Cancer of kidney. Perinephritic abscess. Hydatids of liver.
Cancer of kidney	Perinephritic abscess. Tumor of liver. Tumor of spleen. Abdominal aneurism. Hydronephrosis, or Hydatids. Tubercle of kidney.
Perinephritic abscess	Pyonephritis. Suppurative nephritis. Cancer of kidney. Hydronephrosis.
Renal calculi	Acute peritonitis. Hepatic colic. Intestinal colic.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cystitis	Acute Bright's. Pyelitis. Suppurative Nephritis. Spasm of the bladder.

Uræmia.

1. History of Bright's disease.
2. Œdema.
3. Convulsions migratory in character.
4. No change in pupils.
5. No biting of tongue.
6. Waxy countenance.
7. Albumen and casts in urine.
8. Temperature low.
9. Deep coma follows convulsions.
10. No initial cry or pallor.

Epilepsy.

1. History of epilepsy.
2. No general œdema.
3. Convulsions general—tonic then clonic.
4. Dilated pupils follow spasm.
5. Tongue bitten.
6. Countenance cyanotic.
7. Urine normal.
8. Temperature elevated.
9. Mild coma or sleep.
10. Initial cry and pallor.

Uræmia.

1. History of Bright's disease.
2. Coma follows convulsions.
3. Stertor sharp and hissing.
4. No paralysis.
5. Urine albuminous with casts.
6. Pupils normal.
7. General œdema.
8. Patient has a uriniferous smell.

Apoplexy.

1. History of disease of arteries, heart, or of injury.
2. Coma precedes convulsions.
3. Stertor labored and snoring.
4. Paralysis and spasm of one side.
5. Urine normal.
6. Pupils unequal.
7. No œdema.
8. No smell about patient.

Uræmia.

1. History of Bright's.
2. Convulsions appear without warning and followed by coma.
3. Peculiar stertor.
4. Casts and albumen in urine.
5. Reflexes absent.

Hysteria.

1. History of hysteria.
2. Coma alternates with convulsions and other hysterical symptoms.
3. Breathing free from stertor.
4. Urine pale and abundant.
5. Reflexes pale or exaggerated.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Uræmia.	**Hysteria.**
6. Opisthotonos rare.	6. Opisthotonos common.
7. Cervical vessels distended.	7. No distended veins.
8. Moral treatment has no effect.	8. Moral treatment curative.
Uræmia.	**Meningitis.**
1. History of Bright's.	1. History of injury or disease.
2. General œdema.	2. No œdema.
3. Pulse rapid.	3. Pulse slow.
4. Waxy countenance.	4. Flushed face.
5. Temperature highest at first.	5. Temperature rises from day to day.
6. Convulsions migratory in character.	6. Convulsions not characteristic.
7. Odor of urine about patient.	7. No odor about patient.
8. Albumen and casts in urine.	8. Urine normal.
9. Delirium usually mild or absent.	9. Wild delirium.
Uræmia.	**Opium Poisoning.**
1. History of Bright's.	1. No previous history.
2. Coma preceded by other symptoms.	2. Coma comes on gradually like sleep.
3. Respiration hurried.	3. Respiration slow.
4. Pupils normal.	4. Pupils contracted.
5. Casts and albumen in urine.	4. Urine normal.
6. Œdema.	6. No œdema.
7. Smell of urine about patient.	7. Often smell of opium in breath.
8. Skin dry and waxy in appearance.	8. Profuse sweating, countenance cyanosed.
Uræmia.	**Alcoholic Coma.**
1. History of Bright's.	1. History of alcoholism.
2. Cannot be aroused.	2. Aroused momentarily by pain.
3. Albumen and casts in urine.	3. Urine contains alcohol.
4. Uriniferous smell about patient.	4. Smell of alcohol in breath.
5. Face waxy.	5. Face flushed.
6. Œdema.	6. No œdema.
7. Stertor hissing in character.	7. Stertor "puffy" in character.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Bright's Disease.	**Congestion of Kidney.**
1. History of acute disease, exposure to cold, etc.	1. History of venous obstruction.
2. Severe constitutional symptoms as headache, vomiting, etc.	2. No severe constitutional symptoms.
3 High specific gravity of urine.	3. Specific gravity of urine normal.
4. Urine very albuminous.	4. But little albumen in urine.
5. Casts in urine.	5. No casts in urine.
6. Urine bloody.	6. No blood in urine.
7. Temperature elevated.	7. Temperature normal.
8. Dropsy well marked.	8. No general œdema.
Acute Bright's.	**Hematinuria.**
1. Dropsy.	1. No general œdema.
2. Disease lasts for some time.	2. Disease of short duration.
3. Small amount of blood in urine.	3. Blood in large amount.
4. Severe constitutional symptoms.	4. No severe constitutional disturbance.
5. No granular pigment in urine.	5. Granular pigment in urine.
6. Much albumen and many casts in urine.	6. But little albumen and few blood-casts in urine.
Acute Bright's.	**Suppurative Nephritis.**
1. Affects both kidneys.	1. Affects one kidney.
2. Casts abundant.	2. Casts few and covered with pus.
3. Pus small in amount.	3. Large amount of pus in urine.
4. Kidneys not enlarged.	4. Affected kidney enlarged and tender.
5. Continued fever.	5. Fever remittent.
6. Severe backache.	6. Pain localized over one kidney.
7. Dropsy.	7. No general œdema.
Acute Bright's.	**Acute Cystitis.**
1. Pain in back.	1. Pain over bladder and in penis.
2. Pain not very severe.	2. Pain sharp and burning.
3. Slight pain in passing water.	3. Burning pain on urinating.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Bright's.	**Acute Cystitis.**
4. Albumen large in amount.	4. But little albumen in urine.
5. But little pus and mucus in urine.	5. Much ropy pus and mucus in urine.
6. Urine bloody.	6. Bloody urine uncommon.
7. Casts in urine.	7. No casts in urine.
8. Dropsy.	8. No general œdema.
9. Constitutional symptoms well marked.	9. Less severe constitutional disturbances.
Acute Bright's.	**Chronic Bright's.**

See Chronic Bright's, pages 94, 95, 96.

Large White Kidney. (Chronic Bright's.)	**Acute Bright's.**
1. Usually the result of acute Bright's.	1. Usually the result of exposure to cold or some acute disease.
2. Heart hypertrophied.	2. Heart normal.
3. Urine normal, or slightly increased in amount.	3. Urine diminished in amount.
4. Casts—hyaline, granular, and epithelial.	4. Blood and a few hyaline casts in urine.
5. Specific gravity of urine diminished.	5. Specific gravity of urine increased.
6. No blood in urine.	6. Urine bloody.
7. Temperature normal.	7. Temperature elevated.
Large White Kidney.	**Cirrhotic or Atrophied Kidney.**
1. Dropsy well marked.	1. Little or no general œdema.
2. Most common in young adults.	2. The nephritis of adults.
3. Amount of urine normal, or slightly increased.	3. Amount of urine greatly increased.
4. Epistaxis and retinitis uncommon.	4. Epistaxis and retinitis common.
5. Specific gravity of urine, 1010–1018.	5. Urine low specific gravity, 1005–1010.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Large White Kidney.	**Cirrhotic or Atrophied Kidney.**
6. Many casts in urine.	6. Few casts, principally hyaline.
7. Liver normal size.	7. Liver small.
8. Much albumen in urine.	8. Little or no albumen in urine.
Large White Kidney.	**Fatty or Waxy Kidney.**
1. Usually the result of acute Bright's.	1. Follows wasting disease and suppuration.
2. Dropsy comes on rapidly.	2. Gradual development of œdema.
3. Uræmic symptoms common.	3. Uræmic symptoms uncommon.
4. Liver and spleen normal size.	4. Liver and spleen enlarged.
5. Diarrhœa unfrequent.	5. Obstinate diarrhœa.
6. Casts: hyaline, granular, and epithelial.	6. Fatty and waxy casts in urine.
7. Face pale.	7. Face wax-like.
Cirrhotic Kidney. (Chronic Bright's.)	**Acute Bright's.**
1. Œdema slight.	1. Dropsy well marked.
2. Disease of slow progress.	2. Disease rapid in progress.
3. Urine increased in amount.	3. Urine diminished in amount.
4. Urine of low specific gravity.	4. Specific gravity of urine high.
5. No blood in urine.	5. Bloody urine.
6. Few casts—hyaline and granular.	6. Blood and hyaline casts.
7. No acute symptoms at first.	7. Symptoms acute from the beginning.
Cirrhotic Kidney.	**Large White Kidney.**

See Large White Kidney, page 94.

Cirrhotic Kidney.	**Fatty or Waxy Kidney.**
1. History of previous good health.	1. History of wasting disease or suppuration.
2. Little or no dropsy.	2. Œdema well marked.
3. Liver small.	3. Liver large.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cirrhotic Kidney.	**Fatty or Waxy Kidney.**
4. Specific gravity of urine 1,005 to 1,010.	4. Specific gravity of urine 1,010 to 1,015.
5. But little albumen in urine.	5. Much albumen in urine.
6. Few hyaline and granular casts.	6. Fatty and waxy casts.
7. Sallow complexion.	7. Waxy countenance.
Fatty or Waxy Kidney.	**Large White Kidney.**

See Large White Kidney, page 95.

Fatty or Waxy Kidney.	**Cirrhotic Kidney.**

See Cirrhotic Kidney, above.

Fatty or Waxy Kidney. (Chronic Bright's.)	**Acute Bright's.**
1. History of wasting disease or suppuration.	1. History of exposure to cold or some acute disease.
2. Symptoms appear slowly.	2. Symptoms come on rapidly.
3. Urine increased in amount.	3. Urine diminished
4. No blood in urine.	4. Bloody urine.
5. Fatty and waxy casts.	5. Blood and hyaline casts.
6. Uræmic symptoms rare.	6. Uræmic symptoms common.
7. Temperature normal.	7. Temperature elevated.
8. Specific gravity of urine low.	8. High specific gravity of urine.
Bright's Disease. (Dropsy.)	**Dropsy Due to Other Causes.**
1. Dropsy usually begins in the feet.	1. Dropsy begins in the face or as ascites.
2. Urine contains albumen and casts.	2. Urine normal.
3. Complexion pale, sallow, or waxy.	3. Complexion cyanotic or cachectic.
4. Urine altered in amount or color.	4. Urine normal in color and amount.
5. Urine altered in specific gravity.	5. Specific gravity of urine normal.
6. No pulmonary symptoms.	6. Pulmonary or liver symptoms common.
7. Pain in region of kidneys.	7. No pain over kidneys.
8. Uræmic symptoms.	8. Absence of uræmic symptoms.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pyelitis.	**Suppurative Nephritis.**
1. Constitutional symptoms not very prominent.	1. Constitutional symptoms severe.
2. No recurring chills or fever.	2. Recurring chills and fever.
3. No diarrhœa.	3. Diarrhœa common.
4. No typhoid symptoms.	4. Typhoid symptoms.
5. Characteristic "tailed" cells in urine.	5. No characteristic cells in urine.
6. No tubal pus casts in urine.	6. Pus casts of renal tubes in urine.
7. Much pus constantly in urine.	7. Pus in urine inconstant and in small amount.
8. Now and then irregular nephritic enlargement (pyonephritis).	8. Kidney constantly enlarged and tender.
Pyelitis.	**Cystitis.**
1. Pain in lumbar region.	1. Pain over bladder and in penis.
2. Urine acid.	2. Urine alkaline.
3. Large quantities of pus in urine.	3. But little pus in urine.
4. "Tailed" cells in urine.	4. No characteristic cells in urine.
5. No constant desire to urinate.	5. Constant desire to urinate.
6. Much foreign matter in urine.	6. But little foreign matter in urine.
7. Little mucus in urine.	7. Urine contains large quantities of ropy mucus.
8. No pain during micturition.	8. Burning pain on passing water.
Pyonephrosis.	**Perinephritic Abscess.**
1. Pus, blood, and mucus in urine.	1. Urine normal.
2. Temperature nearly normal.	2. Temperature elevated.
3. No pain on motion.	3. Severe pain on motion.
4. "Tailed" cells in urine.	4. No characteristic cells in urine.
5. Irregular chills and sweating uncommon.	5. Irregular chills and profuse sweating at intervals.
6. Tumor appears and disappears suddenly.	6. Tumor constant.
7. No signs of inflammation over tumor.	7. Severe pain and some œdema over tumor.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pyonephrosis.	**Hydronephrosis.**
1. Urine contains much pus, etc.	1. Urine normal.
2. "Tailed" cells in urine.	2. No cells in urine.
3. Moderate constitutional symptoms, as pain, debility, etc.	3. General health good.
4. Indistinct fluctuation of tumor.	4. Distinct fluctuation of tumor.
5. Aspirating needle withdraws pus, etc.	5. Aspirating needle withdraws watery urine.
Suppurative Nephritis.	**Pyelitis.**

See Pyelitis, page 97.

Suppurative Nephritis.	**Acute Bright's.**

See Acute Bright's, page 93.

Suppurative Nephritis.	**Pyæmia.**
1. No profuse sweating.	1. Profuse sweats.
2. Urine purulent and bloody.	2. Urine normal.
3. Temperature moderately high.	3. Fever very high at times.
4. No joint affections.	4. Large joints affected.
5. No pulmonary symptoms.	5. Pulmonary symptoms.
6. Affected kidney enlarged and tender.	6. Kidneys not enlarged or tender.
7. Severe lumbar pains.	7. Pain not referred to lumbar region.
Suppurative Nephritis.	**Perinephritic Abscess.**
1. Urine bloody and purulent.	1. Urine normal.
2. No distinct renal tumor.	2. A distinct tumor in lumbar region.
3. Pus casts in urine.	3. No casts in urine.
4. No superficial signs of inflammation.	4. Superficial tenderness and œdema.
5. Kidneys tender on pressure.	5. Kidneys painful on pressure.
6. No fluctuation.	6. Fluctuation.
7. Temperature continues elevated.	7. Irregular chills, fever, and sweating.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Suppurative Nephritis.	**Cystitis.**
1. Urine contains much pus and little mucus.	1. Urine contains much ropy mucus and little pus.
2. Pain in lumbar region.	2. Pain in bladder and penis.
3. Pus casts in urine.	3. No casts in urine.
4. Typhoid symptoms well marked.	4. No severe constitutional symptoms.
5. No constant desire to urinate.	5. Constant desire to micturate.
6. Affected kidney enlarged and tender.	6. Kidneys not enlarged or tender.
Hematuria.	**Vesical Hemorrhage.**
1. History of kidney disease, blood disease, poisoning, etc.	1. History of disease of the bladder.
2. Blood mixed with the urine.	2. Blood follows the passage of urine.
3. Urine contains albumen and blood casts.	3. Urine contains blood clots.
4. Pain in the lumbar region.	4. Pain located in bladder or penis.
5. Renal epithelium in urine.	5. Vesical epithelium in urine.
Hematuria.	**Urethral Hemorrhage.**
1. History of kidney trouble, blood disease or poisoning.	1. History of urethritis, prostatic trouble, etc.
2. Blood is mixed with the urine.	2. Blood precedes the urinary discharge.
3. Urine contains albumen and blood casts.	3. Blood casts of urethra in the urine.
4. Pain in the lumbar region.	4. Pain in penis or prostate.
5. Renal epithelium in urine.	5. No renal or vesical epithelium in urine.
6. Blood is passed with urine.	6. Blood discharged without emptying the bladder.
Hematinuria.	**Acute Bright's.**

See Acute Bright's, page 93.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hematinuria.	**Hematuria.**
1. Often the result of malaria.	1. The result of kidney disease.
2. Few red blood corpuscles in urine.	2. Many red blood corpuscles in urine.
3. Abundance of blood pigment in urine.	3. No free blood pigment in urine.
4. Often preceded by chilliness, slight jaundice, and gastric disorder.	4. Preceded by pain in lumbar region.
5. Coloring matter not deposited on standing.	5. Coloring matter deposited at bottom of vessel on standing.
6. Urine often suddenly changes color on standing.	6. Urine does not change color on standing.
Hydronephrosis.	**Hydatids of Kidney.**
1. Urine normal.	1. Urine contains hydatid vesicles.
2. May affect both kidneys.	2. Affects one kidney.
3. No fremitus on percussion.	3. Hydatid fremitus on percussion.
4. Tumor single.	4. Tumor multiple.
5. Tumor grows rapidly.	5. Tumor grows slowly.
6. Tumor seldom of great size.	6. Tumor often of large size.
7. Exploring needle withdraws a watery uriniferous fluid.	7. Exploring needle withdraws fluid containing hooklets.
Hydronephrosis or Hydatids of Kidney.	**Ovarian Cyst.**
1. Tumor grows from lumbar region.	1. Tumor starts from pelvic region.
2. Colon lies in front of tumor.	2. Colon behind tumor.
3. Vaginal examination negative.	3. Vaginal examination positive.
4. Absence of tympanitic percussion note in lumbar region.	4. Tympanitic percussion in lumbar region.
5. Exploring needle withdraws a watery fluid, either with or without hooklets.	5. Exploring needle withdraws albuminous fluid containing characteristic cells.
Hydronephrosis or Hydatids of Kidney.	**Pyonephritis.**

See Pyonephritis, page 98.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hydronephrosis or Hydatids of Kidney.	**Hydatids of Liver.**

See Hydatids of Liver, page 84.

Hydronephrosis or Hydatids of Kidney.	**Perinephritic Abscess.**
1. Tumor not painful.	1. Tumor painful.
2. Tumor grows forward.	2. Tumor grows backward.
3. Superficial fluctuation.	3. Deep fluctuation.
4. No constitutional symptoms.	4. Chills, fever, and sweating.
5. No signs of inflammation about the tumor.	5. Tumor painful and tender, skin œdematous and sometimes red.
6. Exploring needle withdraws watery fluid, either with or without hooklets.	6. Exploring needle withdraws pus.

Hydronephrosis or Hydatids of Kidney.	**Cancer of Kidney.**
1. Tumor not painful.	1. Tumor painful.
2. No constitutional symptoms.	2. Constitutional symptoms.
3. Tumor smooth and fluctuating.	3. Tumor hard and nodular.
4. Urine normal.	4. Urine contains blood and cancer cells.
5. No cachexia or history of cancer.	5. Cachexia and often history of cancer.
6. Exploring needle withdraws watery fluid with or without hooklets.	6. Exploring needle withdraws blood and cancer cells.

Cancer of Kidney.	**Tumor of Liver.**

See Tumor of Liver, page 83.

Cancer of Kidney.	**Abdominal Aneurism.**

See Abdominal Aneurism, page 46.

Cancer of Kidney.	**Hydronephrosis or Hydatids of Kidney.**

See Hydronephrosis or Hydatids of Kidney, above.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Kidney.	**Perinephritic Abscess.**
1. History of hereditary or secondary cancer.	1. Often a history of injury to lumbar region.
2. No fluctuation.	2. Fluctuation about tumor.
3. No chills or sweating.	3. Irregular chills and profuse sweats.
4. No pain on pressure.	4. Marked pain and tenderness on pressure.
5. Slow growth.	5. Tumor of rapid growth.
6. Urine contains blood and cancer cells.	6. Urine normal.
7. Exploring needle withdraws blood and cancer cells.	7. Exploring needle withdraws pus.
Cancer of Kidney.	**Tumor of Spleen.**
1. History of cancer.	1. History of malaria, leucocythemia.
2. Tumor stationary.	2. Tumor moves up and down with the breathing.
3. Outline of tumor irregular.	3. Outline of tumor presents the splenic notch.
4. No blood changes.	4. Large increase of white blood corpuscles.
5. Grows from lumbar region.	5. Tumor grows from the left hypochondriac region.
6. Cancerous cachexia.	6. Patient very anæmic.
7. Blood and cancer cells in urine.	7. Urine normal.
Cancer of Kidney.	**Tubercular Kidney.**
1. History of cancer.	1. History of tuberculosis.
2. Blood in urine.	2. Cheesy débris in urine.
3. No tenderness over the tumor.	3. Tumor tender on pressure.
4. No disease of testicles or prostate.	4. Tubercular disease of testicles or prostate.
5. No pulmonary symptoms.	5. Lungs phthisical.
6. Hectic appears late.	6. Hectic appears early.
7. Tumor grows to a large size.	7. Tumor rarely of large size.

NAME OF DISEASE. DISEASES TO BE DIEFERENTIATED.

Perinephritic Abscess. **Pyonephritis.**

See Pyonephritis, page 97.

Perinephritic Abscess. **Suppurative Nephritis.**

See Suppurative Nephritis, page 98.

Perinephritic Abscess. **Cancer of Kidney.**

See Cancer of Kidney, page 102.

Perinephritic Abscess. **Hydronephrosis.**

See Hydronephrosis, page 101.

Renal Calculi. **Acute Peritonitis.**

See Acute Peritonitis, page 69.

Renal Calculi. **Hepatic Colic.**

See Hepatic Colic, page 85.

Renal Calculi. **Intestinal Colic.**

See Intestinal Colic, page 68.

Cystitis. **Acute Bright's.**

See Acute Bright's, page 94.

Cystitis. **Pyelitis.**

See Pyelitis, page 97.

Cystitis. **Suppurative Nephritis.**

See Suppurative Nephritis, page 99.

Cystitis. **Spasm of the Bladder.**

1. Temperature elevated.
2. Pain burning in character.
3. Pain constant.
4. Ropy mucus and pus in urine.
5. No difficulty in passing water except the pain.
6. Urine scalds.

1. Temperature normal.
2. Pain lancinating.
3. Pain paroxysmal.
4. Urine normal.
5. Great difficulty in passing any urine during the paroxysm.
6. Urine does not scald.

DIFFERENTIAL DIAGNOSIS OF THE ACUTE GENERAL DISEASES.

DIFFERENTIAL DIAGNOSIS OF THE ACUTE GENERAL DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Typhoid fever	Typhus fever. Typho-malarial fever. Acute tuberculosis. Septicæmia. Ulcerative endocarditis. Trichinosis. Acute enteritis.
Typhus fever	Typhoid fever. Relapsing fever. Measles. Meningitis. Small-pox.
Yellow fever	Acute yellow atrophy of liver. Relapsing fever. Typho-malarial fever. Pernicious malarial fever.
Relapsing fever	Yellow fever. Typhus fever. Remittent fever. Dengue fever.
Intermittent fever	Pyæmia. Remittent fever.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Remittent fever	Intermittent fever. Typhoid fever. Yellow fever. Relapsing fever.
Pernicious malarial fever	Meningitis. Cholera. Yellow fever.
Small-pox	Scarlet fever. Measles. Epidemic cerebro-spinal meningitis. Varioloid. Chicken-pox. Typhus fever.
Scarlet fever	Measles. Variola. Erythema. Diphtheria.
Measles	Variola. Scarlet fever. Roseola. Typhus fever.
Cholera	Acute poisoning. Cholera morbus. Pernicious malarial fever.
Diphtheria	Diphtheritic sore throat. Membranous croup. Scarlet fever. Erysipelas of throat.
Epidemic cerebro-spinal meningitis	Small-pox. Typhus fever. Tubercular meningitis. Pernicious fever.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pyæmia	Suppurative nephritis. Septicæmia. Intermittent fever. Acute yellow atrophy of liver. Ulcerative endo-carditis.
Septicæmia	Typhoid fever. Pyæmia.
Hydrophobia	Tetanus. Hysteria.

Typhoid Fever.	Typhus Fever.
1. Disease endemic.	1. Epidemic.
2. Advent slow, with general malaria, etc.	2. Advent sudden.
3. Chilly sensations.	3. Severe chill.
4. Temperature characteristic for each week of the disease.	4. Temperature high from the first. and remains so until crisis.
5. Lenticular rose-colored eruption limited to abdomen.	5. Irregular, dark, mottled eruption appears about shoulders and spreading over body.
6. Eruption disappears on pressure.	6. Eruption does not disappear on pressure.
7. Eruption appears from seventh to tenth day.	7. Eruption appears on fifth day.
8. Eruption appears in crops.	8. Eruption does not appear in crops.
9. Diarrhœa.	9. Constipation.
10. Gurgling and tenderness in right iliac fossa.	10. No abdominal symptoms.
11. Epistaxis and intestinal hemorrhage common.	11. Hemorrhages very uncommon.
12. Nervous symptoms appear in the second week.	12. Nervous symptoms appear early.
13. Spleen enlarged.	13. Spleen not much enlarged.
14. Face flushed.	14. Face mahogany color.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Typhoid Fever.	**Typhus Fever.**
15. Lasts about four weeks.	15. Lasts two weeks.
16. No crisis.	16. Crisis about the fourteenth day.
17. Bed-sores.	17. Glandular enlargements.
Typhoid Fever.	**Typho-malarial Fever.**
1. Onset slow with chilly sensations.	1. Onset sudden with a chill.
2. Temperature rises slowly and regularly.	2. Temperature rises suddenly and is periodical in character.
3. Characteristic eruption.	3. No eruption.
4. No jaundice or hepatic tenderness.	4. Jaundice and hepatic tenderness.
5. Spleen somewhat enlarged.	5. Spleen greatly enlarged.
6. Abdomen tympanitic.	6. No distension of abdomen.
7. Tenderness and gurgling in the right iliac fossa.	7. No tenderness or gurgling in right iliac fossa.
8. Gastric symptoms not very severe.	8. Gastric symptoms especially marked.
9. Diarrhœa characteristic.	9. No characteristic diarrhœa.
10. No free pigment in blood.	10. Free pigment in blood.
Typhoid Fever.	**Septicæmia.**
1. Temperature characteristic.	1. Temperature very high and irregular from first.
2. Eruption.	2. No eruption.
3. Typhoid symptoms appear late.	3. Typhoid symptoms appear early.
4. No jaundice.	4. Jaundice.
5. Gurgling, etc., in right iliac fossa.	5. No iliac symptoms.
6. Nose bleed.	6. No nose bleed.
7. History of exposure to typhoid poison.	7. History of injury or infectious disease.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Typhoid Fever.	**Acute Tuberculosis.**
1. Disease endemic.	1. Disease hereditary or secondary.
2. Temperature highest the end of second week.	2. Temperature 106° – 107° in first week.
3. Spleen enlarged.	3. Spleen not enlarged.
4. Absence of dyspnœa.	4. Severe dyspnœa.
5. Bronchitis.	5. Lung consolidation—subcrepitant ralés.
6. Face flushed.	6. Face cyanosed.
7. Characteristic eruption.	7. No eruption.
8. Choroid normal.	8. Tubercular ulceration of choroid.
9. Sputum not characteristic.	9. Sputum contains tubercle bacilli.
Typhoid Fever.	**Trichinosis.**
1. Temperature characteristic.	1. Temperature not characteristic.
2. Eruption.	2. No eruption.
3. No œdema.	8. Œdema of eyelids.
4. No severe muscular pains.	4. Severe muscular pains.
5. No muscular tenderness.	5. Extreme muscular tenderness.
6. Examination of muscle negative.	6. Trichinæ found in the muscle.

Typhoid Fever. — **Ulcerative Endocarditis.**

See Ulcerative Endocarditis, page 40.

Typhoid Fever. — **Acute Enteritis.**

See Acute Enteritis, page 59.

Typhus Fever. — **Typhoid Fever.**

See Typhoid Fever, page 109.

Typhus Fever.	**Relapsing Fever.**
1. Early delirium.	1. No delirium.
2. Mulberry rash.	2. No eruption.
3. Great muscular weakness.	3. Severe muscular and arthritic pains.
4. Spleen normal size.	4. Spleen enlarged.
5. Crisis on fourteenth day.	5. Intermission end of first week.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Typhus Fever.	**Relapsing Fever.**
6. No relapse.	6. Relapse end of second week.
7. No profuse sweats.	7. Severe sweats.
8. Pulse not very rapid at first.	8. Pulse 150 to 170 from the first.
9. No abdominal symptoms.	9. Vomiting and abdominal pain.
10. Frequent glandular enlargement.	10. No enlarged glands.
Typhus Fever.	**Small-pox.**

See Small-pox, page 118.

Typhus Fever.	**Measles.**
1. Eruption preceded by cerebral symptoms and great prostration.	1. Eruption preceded by symptoms of a severe cold.
2. Eruption appears on the fifth day.	2. Eruption appears on the fourth day.
3. But little eruption about the head.	3. Eruption well-marked about the face.
4. Eruption not crescentic in appearance.	4. Eruption crescentic.
5. Eruption dark-brown.	5. Eruption dark-red.
6. Eruption does not disappear on pressure.	6. Eruption disappears on pressure.
7. Mucous membrane of throat normal.	7. Throat red and injected.
Typhus Fever.	**Cerebro-spinal Meningitis.**
1. Frontal headache.	1. Occipital headache.
2. Headache disappears with the delirium.	2. Pain in head continues with the delirium.
3. No muscular rigidity.	3. Muscular rigidity appears early.
4. Mulberry rash.	4. Herpetic eruption, if any.
5. No strabismus.	5. Strabismus.
6. No convulsions or paralysis.	6. Convulsions and paralysis common.
7. Countenance blank.	7. Face pinched and anxious.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Typhus Fever.	**Cerebro-spinal Meningitis.**
8. Temperature remains high from first.	8. Temperature rises slowly seldom over 104°.
9. Pulse rapid and compressible.	9. Pulse slow.
10. No vomiting.	10. Frequent vomiting.
11. Crisis.	11. No critical days.
Yellow Fever.	**Acute Yellow Atrophy of Liver.**
See Acute Yellow Atrophy of Liver, page 81.	
Yellow Fever.	**Relapsing Fever.**
1. Temperature rarely over 104°.	1. Temperature 105° to 107°.
2. Pulse comparatively slow and gaseous.	2. Pulse very rapid.
3. Jaundice well-marked.	3. Jaundice slight and late in appearing.
4. Supra-orbital pain.	4. Arthritic and muscular pain.
5. Remission about the fourth day.	5. Intermission end of first week.
6. Spleen not greatly enlarged.	6. Spleen much enlarged.
7. Fiery eye.	7. No change in face.
8. Hemorrhages common.	8. Hemorrhages uncommon.
Yellow Fever.	**Typho-malarial Fever.**
1. Temperature constant until remission.	1. Periodicity in daily temperature.
2. Constipation.	2. Diarrhœa.
3. Supra-orbital pain.	3. Pain in iliac fossa.
4. Countenance peculiar.	4. No peculiar countenance.
5. Jaundice well-marked.	5. Slight jaundice.
6. Hemorrhages common.	6. Hemorrhages uncommon.
7. Urine albuminous.	7. Urine normal.
8. Spleen slightly enlarged.	8. Spleen greatly enlarged.
9. Disease of short duration.	9. Disease of long duration.
Yellow Fever.	**Pernicious Malarial Fever.**
1. Temperature rarely over 104.	1. Temperature 104 to 106.
2. Pulse slow and gaseous.	2. Pulse rapid.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Yellow Fever.	**Pernicious Malarial Fever.**
3. Remission about the fourth day.	3. Remission within twenty-four hours.
4. Hemorrhages common.	4. Hemorrhages rare.
5. Tongue clean.	5. Tongue coated.
6. Mind clear.	6. Delirium or stupor.
7. Fiery eye.	7. Countenance not peculiar.
8. Supra-orbital pain.	8. No supra-orbital pain.
9. Urine albuminous.	9. No albumen in urine.
10. Vomiting projectile and severe.	10. Vomiting retching and moderate.

Relapsing Fever. **Typhus Fever.**

See Typhus Fever, page 111.

Relapsing Fever. **Yellow Fever.**

See Yellow Fever, page 113.

Relapsing Fever.	**Remittent Fever.**
1. Continued high temperature until remission.	1. Daily remissions.
2. Pulse very rapid.	2. Pulse not very rapid.
3. Intense arthritic pains.	3. No severe pain in muscles or joints.
4. Complete relapse.	4. No relapses.
5. Sweating without reduction of temperature.	5. Sweating with reduction of temperature.
6. Crisis.	6. No crisis.
7. Blood contains spirilli.	7. Blood contains free pigment.

Relapsing Fever.	**Dengue Fever.**
1. Begins with a chill and high fever.	1. Begins as a rheumatism.
2. No swelling of joints.	2. Joints swollen and tender.
3. No enlarged glands.	3. Glands enlarged and tender.
4. Complete intermission toward the end of first week.	4. Remission on third or fourth day.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Relapsing Fever.	**Dengue Fever.**
5. Vomiting.	5. Vomiting uncommon.
6. Profuse sweats.	6. No profuse sweats.
7. No eruption.	7. Accompanying the relapse an eruption appears first on the hands.
Intermittent Fever.	**Pyæmia.**
1. History of exposure to malarial poisoning.	1. History of injury or infectious disease.
2. Paroxysms regular.	2. Irregular paroxysms.
3. Temperature very high.	3. Temperature lower.
4. Jaundice uncommon.	4. Jaundice.
5. No severe prostration.	5. Patient greatly prostrated.
6. Breath normal odor.	6. Breath sweet and nauseous.
7. No pulmonary or joint symptoms.	7. Abscess of lungs and joints.
8. No points of local infection.	8. Points of local infection.
Intermittent Fever.	**Remittent Fever.**
1. Many chills.	1. One Chill.
2. Complete intermissions.	2. Remissions.
3. Periods of no fever.	3. Always fever.
4. Regular development of paroxysms.	4. Symptoms irregularly developed.
5. Patient feels well during the intermissions.	5. Patient feels sick all of the time.
Remittent Fever.	**Typhoid Fever.**

See Typhoid Fever, page 110.

Remittent Fever.	**Yellow Fever.**

See Yellow Fever, page 113.

Remittent Fever.	**Relapsing Fever.**

See Relapsing Fever, page 114.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Remittent Fever.	**Intermittent Fever.**
See Intermittent Fever, page 115.	
Pernicious Malarial Fever. (Cerebral form.)	**Cerebro-Spinal Meningitis.**
1. Coma appears early.	1. Coma preceded by headache, delirium, etc.
2. History of malaria.	2. History of injury and infectious disease.
3. Temperature very high.	3. Temperature rarely over 104°.
4. Pulse rapid and full.	4. Pulse slow and irregular.
5. Distinctly paroxysmal.	5. No intermissions or remissions.
6. Attack ends in a few hours with sweating, fall in temperature, and sleep.	6. Attacks usually end in coma and death.
7. Free pigment in blood.	7. No pigment in blood.
Pernicious Malarial Fever. (Gastro-enteric form.)	**Cholera.**
1. History of malarial infection.	1. History of epidemic cholera.
2. Temperature elevated.	2. Temperature subnormal.
3. Discharges bloody from first.	3. Rice-water evacuations.
4. No albumen in urine.	4. Urine albuminous.
5. Vomiting painful and retching.	5. Vomiting regurgitative.
6. Free pigment in blood.	6. Comma bacilli in discharges.
Pernicious Malarial Fever. (Bilious remittent fever.)	**Yellow Fever.**
See Yellow Fever, page 113.	
Small-Pox.	**Scarlet Fever.**
1. Begins with a chill and severe pain in head and back.	1. Begins with headache, vomiting, sore throat, and chilliness.
2. Eruption appears on third day around the edges of the hair.	2. Eruption appears beginning of second day about the neck and chest.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Small-Pox.	**Scarlet Fever.**
3. Eruption changes from day to day—macular, papular, vesicular, and lastly, pustular.	3. Eruption erythematous with interspersed, minute, elevated, dark red points.
4. Eruption spreads slowly.	4. Eruption spreads rapidly.
5. Remission on occurrence of eruption.	5. No remission in symptoms.
6. Relapse or secondary fever about the eighth day.	6. No secondary fever.
7. Scabbing and pitting.	7. Well-marked scaly desquamation.
Small-Pox.	**Measles.**
1. Begins with a chill and a severe pain in head and back.	1. Begins with the symptoms of a severe cold.
2. Eruption appears about the hair on third day.	2. Eruption appears on the face on the fourth day.
3. Eruption macular, then papular, vesicular, and lastly pustular.	3. Eruption papular, and appears in crescentic patches.
4. Remission on occurrence of eruption.	4. Temperature rises on appearance of eruption.
5. Secondary fever and relapse during suppuration.	5. No secondary fever.
6. Scabbing and pitting.	6. Bran-like desquamation.
Small-Pox.	**Varioloid.**
1. Pustules maturate on eighth day.	1. Pustules maturate from fourth to sixth day.
2. Secondary fever.	2. No secondary fever.
3. Deep suppuration.	3. Superficial suppuration.
4. Many pustules.	4. Few pustules.
5. Pustules burst, then dry, forming scabs.	5. Pustules dry up without bursting.
6. Cicatrices well marked.	6. Cicatrices not well marked.
Small-Pox.	**Chicken-Pox.**
1. Begins with high temperature, etc.	1. Fever, etc., follow the eruption.
2. Vesicles terminate in pustules.	2. Vesicles dry up without pustulating.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Small-Pox.	**Chicken-Pox.**
3. Eruption complete on eighth day.	3. Eruption complete on fourth day.
4. Eruption begins about the hair.	4. Eruption begins on the trunk.
5. Vesicles umbilicated.	5. Vesicles globular.
6. Remission on occurrence of eruption.	6. No remissions.
7. Secondary fever.	7. No secondary fever.
Small-Pox.	**Cerebro-Spinal Meningitis.**
1. Frontal headache.	1. Occipital headache.
2. Face flushed.	2. Face pale and anxious.
3. Temperature high.	3. Temperature rarely over 104°.
4. Pulse rapid.	4. Pulse not very rapid.
5. Sore throat.	5. No sore throat.
6. Vomiting retching.	6. Vomiting projectile.
7. Temperature falls with the appearance of the eruption.	7. No fall in temperature on appearance of eruption.
Etc., etc., etc.	Etc., etc., etc.
Small-Pox.	**Typhus Fever.**
1. No great muscular prostration.	1. Severe muscular prostration.
2. Sore throat.	2. No sore throat.
3. Eruption appears on third day.	3. Eruption appears on fifth day.
4. Eruption appears first about hair.	4. Eruption appears first on trunk.
5. Characteristic eruption of small-pox.	5. Characteristic typhus eruption.
Etc., etc., etc.	Etc., etc., etc.
Scarlet Fever.	**Measles.**
1. Begins with chilliness, vomiting, headache, and sore throat.	1. Begins as a severe cold in the head.
2. Eruption appears on the second day.	2. Eruption appears on the fourth day.
3. Eruption erythematous with minute, interspersed, elevated dark red spots.	3. Eruption papular, and is arranged in crescentic patches.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Scarlet Fever.	**Measles.**
4. Strawberry tongue.	4. Tongue coated.
5. Severe sore throat.	5. Bronchitis.
6. Albumen in urine.	6. Urine normal.
7. Eruption appears first on neck and chest.	7. Eruption appears first on face.
8. Eruption spreads rapidly.	8. Eruption spreads slowly.
9. Desquamation scale-like.	9. Desquamation bran-like.
10. Sequelæ Bright's disease.	10. Sequelæ broncho-pneumonia.
Scarlet Fever.	**Diphtheria.**
1. Diffuse redness of tonsils and pharynx.	1. Dark local redness of throat.
2. Exudation mucous and easily removed.	2. Exudation membranous and adherent.
3. Strawberry tongue.	3. Tongue dry and cracked.
4. Temperature very high.	4. Temperature rarely over 104.°
5. Erythematous eruption followed by desquamation.	5. No eruption, if any, roseola not followed by desquamation.
6. Sequelæ, Bright's disease.	6. Sequelæ, paralysis.
Scarlet Fever.	**Small-Pox.**
See Small-Pox, page 116.	
Scarlet Fever.	**Erythema** (Simple).
1. High temperature.	1. Temperature slightly elevated.
2. Eruption covers the body.	2. Eruption irregularly distributed.
3. Sore throat.	3. No sore throat.
4. Enlarged cervical glands.	4. Glands not enlarged.
5. Urine albuminous.	5. No albumen in urine.
6. Strawberry tongue.	6. Tongue normal.
7. Eruption interspersed with minute dark red, elevated spots.	7. Eruption uniform.
8. Desquamation.	8. No desquamation.
Measles.	**Typhus Fever.**
See Typhus Fever, page 112.	

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Measles.	**Roseola.**
1. Eruption confluent.	1. Non-confluent eruption.
2. Coryza and bronchitis well marked.	2. Slight coryza and bronchitis.
3. Temperature high.	3. Temperature slightly elevated.
4. Eruption dark, elevated and crescentic.	4. Eruption bright, smooth, and not crescentic.
5. Eruption appears first on the face.	5. Eruption appears first on trunk.
6. No sore throat.	6. Some sore throat.
7. Desquamation.	7. No desquamation.
Measles.	**Scarlet Fever.**

See Scarlet Fever, page 118.

Measles.	**Small-Pox.**

See Small-Pox, page 117.

Cholera.	**Acute Poisoning.**
1. Mouth and pharynx normal.	1. Mouth and pharynx glazed and congested.
2. Vomiting painless and regurgitative.	2. Vomiting painful and retching.
3. No burning pain in œsophagus or stomach.	3. Intense burning sensation in stomach and œsophagus.
4. Rice-water discharges.	4. Discharge bloody and mucous.
5. Comma bacilli in discharges.	5. Poison found in discharges.
Cholera.	**Cholera Morbus.**

See Cholera Morbus, page 59.

Cholera.	**Pernicious Malarial Fever.**

See Pernicious Malarial Fever, page 116.

Diphtheria.	**Membranous Croup.**
1. Preceded by sore throat.	1. Preceded by cough and hoarseness.
2. Attacks any one.	2. Attacks children.
3. Cervical glands greatly enlarged.	3. Glands but slightly enlarged.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Diphtheria.	**Membranous Croup.**
4. Great prostration from the first.	4. Prostration follows the throat-obstruction.
5. Exudation deep—cannot be readily detached.	5. Exudation superficial — can be readily detached.
6. Exudation if detached leaves an ulcer.	6. No ulcer produced by detaching the exudation.
7. Temperature rarely over 104°.	7. Temperature often 104° to 106°.
8. Exudation of a gray-color, and contains characteristic bacteria.	8. Exudation of a white color, and does not contain characteristic bacteria.
9. Death due to blood-poison.	9. Death usually due to suffocation.
10. Sequelæ, paralysis.	10. No paralysis.
Diphtheria.	**Scarlet Fever.**

See Scarlet Fever, page 119.

Diphtheria.	**Diphtheritic Sore Throat.**
1. Begins with sore throat and slight fever.	1. Begins with a chill and high range of temperature.
2. Constitutional symptoms well-marked.	2. No severe depression or prostration.
3. Inflammation localized at first.	3. General inflammation of throat.
4. Pulse feeble and rapid.	4. Pulse rapid and strong.
5. Cervical glands greatly enlarged.	5. Glands slightly enlarged.
6. Exudation cannot be easily removed.	6. Exudation easily removed or picked off.
7. Laryngeal symptoms common.	7. Usually no complicating laryngitis.
Diphtheria.	**Erysipelas of Throat.**
1. Tongue coated.	1. Tongue brown and fissured.
2. Throat not greatly swollen.	2. Throat greatly swollen.
3. Cervical glands greatly enlarged.	3. Cervical glands slightly enlarged.
4. Exudation membranous.	4. Exudation serous in character.
5. Throat has a grayish appearance.	5. Mucous membrane of throat vivid or dusky in color.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Epidemic Cerebro-Spinal Meningitis.	**Tubercular Meningitis.**
1. History of epidemic.	1. History of tuberculosis.
2. Muscular rigidity appears early.	2. Muscular rigidity appears late.
3. Pain and tenderness along spine.	3. No marked spinal symptoms.
4. No peculiar cry.	4. Hydrocephalic cry.
5. Delirium often wild.	5. Mild delirium.
6. Disease begins suddenly.	6. Disease develops slowly.
7. Herpetic eruption common.	7. No herpetic eruption.
8. Pulse moderately slow.	8. Pulse very slow at first.
9. Incoördinate movements.	9. Automatic movements.
Epidemic Cerebro-Spinal Meningitis.	**Small-Pox.**

See Small-Pox, page 118.

Epidemic Cerebro-Spinal Meningitis.	**Typhus Fever.**

See Typhus Fever, page 112.

Epidemic Cerebro-Spinal Meningitis.	**Pernicious Fever.**

See Pernicious Fever, page 116.

Pyæmia.	**Septicæmia.**
1. Begins with a chill.	1. Begins with chilly sensations.
2. Recurrent chills, fever, and sweating.	2. No recurrent chills and sweating.
3. Jaundice well marked.	3. Slight jaundice.
4. Sweetish odor to breath.	4. Odor to breath not peculiar.
5. Temperature irregular—100° to 105°.	5. Temperature less fluctuating.
6. Diarrhœa moderate if present.	6. Obstinate diarrhœa.
7. Formation of metastatic abscesses in lungs, joints, etc.	7. No metastatic abscesses.

NAME OF DISEASE. DISEASES TO BE DIFFERENTIATED.

Pyæmia. **Intermittent Fever.**

See Intermittent Fever, page 115.

Pyæmia. **Acute Yellow Atrophy.**

See Acute Yellow Atrophy, page 81.

Pyæmia. **Ulcerative Endocarditis.**

See Ulerative Endocarditis, page 40.

Pyæmia. **Suppurative Nephritis.**

See Suppurative Nephritis, page 98.

Hydrophobia.

1. History of dog or cat bite.
2. Delirium.
3. Fear of liquids.
4. Clonic convulsions.
5. Marked hyperæsthesia.
6. Special senses involved.
7. Much frothy mucus about mouth.
8. Spasms occur at intervals.

Tetanus.

1. History of injury.
2. Mind clear.
3. No fear of liquids.
4. Convulsions tonic.
5. Slight hyperæsthesia.
6. Special senses normal.
7. *Risus sardonicus*.
8. Severe tonic spasms all the time.

Hydrophobia.

1. History of dog or cat bite.
2. Spasms clonic.
5. Delirium.
4. Special senses affected.
5. Fear of liquids, caused by the inability to swallow without producing convulsions.
6. Occurs usually in men.
7. Moral treatment has no effect.

Hysteria.

1. Hysterical history.
2. Spasms hysterical.
3. Mind clear.
4. Special senses normal.
5. Fear of liquids imaginary, as patient can swallow without causing spasms.
6. Occurs usually in hysterical young women.
7. Moral treatment curative.

DIFFERENTIAL DIAGNOSIS OF THE CHRONIC GENERAL DISEASES.

DIFFERENTIAL DIAGNOSIS OF THE CHRONIC GENERAL DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute articular rheumatism	Acute gout. Gonorrhœal rheumatism.
Arthritis deformans	Chronic articular rheumatism. Chronic gout.
Diabetes	Glycosuria.
Pernicious anæmia	Simple anæmia. Chlorosis. Leucocythæmia.
Anæmia	Chlorosis. Pernicious anæmia.
Leucocythæmia	Pseudo-leukæmia. Pernicious anæmia.
Scurvy	Purpura.
Trichinosis	Myalgia. Typhoid fever.
Alcoholism	Apoplexy. Uræmia. Meningitis. Opium poisoning. Sunstroke.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Myalgia	Neuralgia. Intestinal colic. Trichinosis. Spinal meningitis.
Syphilis (chancre)	Chancroid.

Acute Articular Rheumatism.

1. History of exposure to wet or cold.
2. Begins with a chill and fever.
3. Large joints first attacked.
4. Pain constant.
5. Temperature high.
6. Profuse sweats.
7. Attacks young people usually.
8. Joint swollen, but not greatly inflamed.
9. No pruritis or desquamation.
10. Urine abundant.
11. Frequent cardiac complications.
12. Tophi never formed.

Acute Gout.

1. History of high living or hereditary tendency.
2. Begins at night with severe pain in some small joint—as the great toe
3. Small joints first attacked.
4. Pain paroxysmal.
5. Temperature rarely over 103°.
6. No profuse sweats.
7. Attacks adults.
8. Joints greatly inflamed with surrounding veins enlarged.
9. Desquamation and itching of skin about joint attacked.
10. Urine scanty and highly colored.
11. No cardiac complications.
12. Frequent formation of tophi.

Acute Articular Rheumatism.

1. History of exposure to cold, etc.
2. Begins usually with a chill.
3. Many joints attacked.
4. Eyes rarely inflamed,
5. Copious sweating.
6. Temperature high.
7. Disappears rapidly under treatment.

Gonorrhœal Rheumatism.

1. History of gonorrhœa.
2. Begins with pain and lameness in one joint, usually the knee.
3. Usually but one or two joints attacked.
4. Eyes frequently inflamed.
5. No profuse sweats.
6. Temperature rarely over 102°.
7. Treatment has but little effect.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Articular Rheumatism.	**Gonorrhœal Rheumatism.**
8. Frequent cardiac complications.	8. Heart rarely attacked.
9. Pain very severe and acute.	9. Subacute inflammation of joint.
Arthritis Deformans.	**Chronic Gout.**
1. Not hereditary.	1. Hereditary.
2. Disease progressive.	2. Disease periodic.
3. Usually attacks females.	3. Usually attacks males.
4. No kidney complications.	4. Frequent kidney complications.
5. No chalky deposits.	5. Chalky deposits in joints, etc.
6. Marked deformity and ankylosis.	6. Marked deformity and ankylosis uncommon.
7. No excess of uric acid.	7. Excess of uric acid.
Arthritis Deformans.	**Chronic Rheumatism.**
1. No history of acute rheumatism.	1. History of acute rheumatism.
2. Disease progressive.	2. Disease periodical.
3. Marked deformity.	3. Deformity not well-marked.
4. Small joints first involved.	4. Large joints first attacked.
5. Weather has no effect upon the disease.	5. Disease worse in damp, cold weather.
Diabetes.	**Simple Glycosuria.**
1. Occurs at all ages.	1. Common in aged people.
2. Causes unknown.	2. Caused by insanity, injuries, medicine, etc.
3. Amount of sugar varies but little from day to day.	3. Amount of sugar varies greatly from time to time.
4. Polyuria and polyphagia well-marked.	4. Polyuria and polyphagia less severe.
5. Well-marked nervous and skin symptoms.	5. Obscure nervous and skin symptoms.
6. Fehling's method of analysis easy.	6. Method of analysis obscure from presence of keratinine.
7. Complications, as phthisis, etc., common.	7. Complications rare.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pernicious Anæmia.	**Chlorosis.**
1. Disease of adults.	1. Disease of girls at puberty.
2. Dropsy.	2. No dropsy.
3. Hemorrhages common.	3. Hemorrhages uncommon.
4. Purpura.	4. No purpuric eruption.
5. Fever.	5. No fever.
6. Face has a straw color.	6. Face has a greenish hue.
Pernicious Anæmia.	**Anæmia.**
1. No severe emaciation.	1. Quite rapid emaciation.
2. Fever.	2. No fever.
3. Hemorrhages common.	3. Occasional hemorrhages.
4. Purpuric spots.	4. No purpuric eruptions.
5. Persistent dropsy and cardiac murmurs.	5. Occasional slight dropsy and blowing murmurs.
6. Severe dyspnœa.	6. Slight dyspnœa.
7. Does not yield to treatment.	7. Yields readily to treatment.
Pernicious Anæmia.	**Leucocythæmia.**
1. Spleen normal.	1. Spleen greatly enlarged.
2. Glands not enlarged.	2. Lymphatic glands enlarged.
3. Bones not painful or tender.	3. Bones painful and tender.
4. No pain in sternum.	4. Pain in sternum.
5. Hemorrhages occur early.	5. Hemorrhages occur late.
6. Fever.	6. No fever.
7. No actual increase in the number of white blood corpuscles.	7. White blood corpuscles greatly increased, often one in twenty.
Simple Anæmia.	**Chlorosis.**
1. Emaciation.	1. No emaciation.
2. Skin pale.	2. Skin has a greenish hue.
3. Attacks any one	3. Disease of girls at puberty.
4. No mental disturbance.	4. Mental disturbance.
5. No uterine complications.	5. Frequent uterine complications.
6. No cough or severe dyspnœa.	6. Severe cough and dyspnœa.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Leucocythæmia.	**Pseudo-Leukæmia.**
1. Spleen greatly enlarged.	1. Spleen somewhat enlarged.
2. Lymphatic glands somewhat enlarged.	2. Lymphatic glands greatly enlarged.
3. Pain in bones, especially sternum, well marked.	3. Pain in bones less marked.
4. White blood corpuscles greatly increased (1 to 20).	4. Number of white blood corpuscles not actually increased.
5. Progressive anæmia and rapid loss of health.	5. Anæmia and loss of health less marked.
Leucocythæmia.	**Pernicious Anæmia.**

See Pernicions Anæmia, page 130.

Scurvy.	**Purpura.**
1. Hemorrhages not confined to free surfaces.	1. Hemorrhages confined to free surfaces.
2. Disease of long duration.	2. Disease of short duration.
3. History of faulty nutrition.	3. No faulty dietetic history.
4. Œdema well marked.	4. No œdema.
5. Muscles swollen.	5. No swelling of muscles.
6. Great depression and despondency.	6. No mental prostration.
7. Gums spongy.	7. Gums normal.
8. Attacks numbers of people.	8. Seen in isolated cases.
9. Treatment dietetic.	9. Dietetic treatment of no effect.
Trichinosis.	**Myalgia.**
1. Abdominal pain.	1. No deep abdominal pain.
2. Fever.	2. No fever.
3. Diarrhœa.	3. No diarrhœa.
4. History of eating raw meat.	4. History of exposure to wet or strain.
5. Trichinæ found in muscle.	5. Examination of muscle negative.
6. Œdema of eyelids, feet, etc.	6. No œdema.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Trichinosis.	**Typhoid Fever.**
	See Typhoid Fever, page 111.
Alcoholism (Coma).	**Apoplexy.**
1. Patient can be aroused.	1. Cannot arouse patient.
2. Pupils equal.	2. Pupils unequal.
3. Pupils dilate by slapping face.	3. Pupils do not respond.
4. Reflexes normal.	4. Reflexes often absent on one side.
5. Odor of alcohol about patient.	5. No peculiar odor about patient.
6. Steamboat respiration.	6. Stertorous respiration.
7. No paralysis or convulsions.	7. Paralysis and convulsions common.
8. Pulse rapid.	8. Pulse slow.
9. Temperature equal on both sides.	9. Temperature elevated on paralyzed side.
Alcoholism (Delirium).	**Acute Meningitis.**
1. Delirium wild but coherent.	1. Delirium incoherent and not very wild.
2. Temperature normal.	2. Temperature elevated.
3. Surface cool and sweaty.	3. Surface hot and dry.
4. Pupils normal.	4. Pupils contracted.
5. Patient sees animals and objects.	5. Patient continually trying to get out of bed.
6. Does not complain of pain.	6. Patient complains of headache.
7. Pulse rapid.	7. Pulse slow.
8. Marked tremor.	8. No tremor.
9. Eyes wild but otherwise no peculiar appearance of body.	9. "Boat-belly" and strabismus, or photophobia common.
Alcoholism (Coma).	**Opium Poisoning.**
1. Pupils about normal.	1. Pupils "pin-head."
2. Pupils dilate by slapping face.	2. Pupils do not respond.
3. Surface hot and often congested.	3. Surface cool and perspiring.
4. Respiration hurried and deep.	4. Respiration very slow.
5. Respirations regular and blowing in character.	5. Respirations irregular and shallow in character.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Alcoholism (Coma).	**Opium Poisoning.**
6. Smell of alcohol about patient.	6. Odor of opium about patient.
7. Pulse rapid.	7. Slow pulse.
8. Face flushed.	8. Face pale and cyanotic.
Alcoholism.	**Sun-Stroke.**
1. Temperature normal.	1. Temperature very high.
2. No diarrhœa.	2. Profuse diarrhœa.
3. Odor of alcohol about patient.	3. No peculiar smell about patient.
4. Reflexes normal.	4. Reflexes absent.
5. Steamboat respiration.	5. Quiet or stertorous breathing.
6. Patient can swallow.	6. Patient cannot swallow.
Alcoholism (Coma).	**Uræmia.**
	See Uræmia, page 92.
Syphilis (Chancre).	**Chancroid.**
1. Incubation about twenty days.	1. Incubation from one to five days.
2. Begins as a papule.	2. Begins as a pustule or ulcer.
3. Single.	3. Multiple.
4. Ulceration superficial.	4. Deep ulceration.
5. Edges of ulcer sloping.	5. Edges of ulcer abrupt.
6. Floor of ulcer copper-colored.	6. Floor of ulcer worm-eaten in appearance.
7. Scanty secretion.	7. Secretion purulent and abundant.
8. No pain.	8. Ulcer painful.
9. Indolent induration of glands.	9. Acute suppurative inflammation of glands.
10. Constitutional symptoms.	10. Disease purely local.
Myalgia.	**Neuralgia.**
1. Skin normal.	1. Skin frequently inflamed.
2. Skin not sensitive to pressure.	2. Skin anæsthesia or hyperæsthesia.
3. Pain greatly increased by contraction of muscle.	3. Pain greatly increased by pressure.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Myalgia.	**Neuralgia.**
4. Pain constant and tearing in character.	4. Pain paroxysmal and shooting.
5. Pain most severe at points of attachment of muscle.	5. Pain most severe over course of nerve.
6. No eruptions.	6. Frequent herpetic eruptions.

Myalgia. **Trichinosis.**

See Trichinosis, page 131.

Myalgia. **Intestinal Colic.**

See Intestinal Colic, page 67.

Myalgia. **Spinal Meningitis.**

See Spinal Meningitis, page 146.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE NERVOUS SYSTEM.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE NERVOUS SYSTEM.

DISEASES OF THE BRAIN.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute meningitis	Uræmia. Typhus fever. Small-pox. Delirium tremens. Tubercular meningitis. Pachymeningitis interna.
Chronic meningitis	Cerebral tumor. Cerebral softening.
Tubercular meningitis	Acute meningitis. Spurious hydrocephalus. Infantile remittent fever. Tubercular enteritis. Cerebro-spinal meningitis.
Cerebral softening	Chronic meningitis. Cerebral tumor. Abscess of brain.
Cerebral-apoplexy, or embolus	Cerebral embolus. Uræmia. Alcoholism. Opium poisoning. Hysteria. Asphyxia. Epilepsy.

Abscess of the brain	Cerebral tumor. Cerebral softening.
Cerebral tumor	Abscess of the brain. Chronic meningitis. Cerebral softening.
Cerebral concussion	Cerebral compression.

DISEASES OF THE CORD.

Spinal meningitis	Tetanus. Myelitis. Muscular rheumatism.
Myelitis	Spinal meningitis. Hysterical paralysis. Spinal apoplexy. Polio-myelitis anterior. Congestion of the cord.
Bulbar paralysis	Bulbar embolus or hemorrhage. Tumor of medulla. Progressive muscular atrophy.
Polio-myelitis anterior	Myelitis. Progressive muscular atrophy. Amyotrophic lateral sclerosis. Locomotor ataxia.
Progressive muscular atrophy	Polio-myelitis anterior. Amyotrophic lateral sclerosis.
Cerebro-spinal sclerosis	Paralysis agitans. Amyotrophic lateral sclerosis. Chorea.
Locomotor ataxia	Polio-myelitis anterior. Cerebellar disease.
Amyotrophic lateral sclerosis	Progressive muscular atrophy. Polio-myelitis anterior. Cerebro-spinal sclerosis.

FUNCTIONAL NERVOUS DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Epilepsy	Apoplexy. Hysteria. Opium poisoning. Uræmia. Syncope. Organic brain diseases.
Hysteria	Angina pectoris. Cancer of œsophagus. Epilepsy. Uræmia. Acute peritonitis. Hydrophobia. Myelitis. Chronic laryngitis.
Chorea	Cerebro-spinal sclerosis. Paralysis agitans.
Tetanus	Strychnia poisoning. Spinal meningitis. Hydrophobia.
Paralysis agitans	Cerebro-spinal sclerosis. Chorea. General paralysis of insane.

DISEASES OF THE BRAIN.

Acute Meningitis. **Uræmia.**

See Uræmia, page 92.

Acute Meningitis. **Typhus Fever.**

See Typhus Fever, page 112.

Acute Meningitis. **Small-Pox.**

See Small-Pox, page 118.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute Meningitis.	**Delirium Tremens.**
See Delirium Tremens, page 132.	
Acute Meningitis.	**Tubercular Meningitis.**
1. History of injury or acute disease.	1. History of phthisis or tuberculosis.
2. Begins suddenly.	2. Prodromata.
3. Temperature high and constant.	3. Temperature lower and very irregular.
4. No peculiar cry.	4. Hydrocephalic cry.
5. Usually a disease of adults.	5. Disease especially of children.
6. Convulsions appear early.	6. Late convulsions.
7. Active delirium.	7. Mild or passive delirium.
8. Incoördinate movements.	8. Automatic movements.
Acute Meningitis.	**Pachymeningitis Interna.**
1. Begins acutely.	1. Prodromata.
2. Temperature high.	2. Temperature slightly elevated.
3. General headache.	3. Localized and vertical headache.
4. Active delirium.	4. Passive delirium or simply impaired intellection.
5. No apoplectic seizures.	5. Periods of sudden loss of consciousness.
6. Marked paralysis uncommon.	6. Paralysis comes on gradually.
7. *Tâche cérébrale.*	7. No "cerebral trace."
Chronic Meningitis.	**Cerebral Tumor.**
1. History of head injury or blood disease.	1. Negative history.
2. Headache dull and constant.	2. Headache severe and paroxysmal.
3. Paralysis not limited to certain nerves.	3. Paralysis of certain nerves or set of nerves.
4. Marked general decline in mental and physical powers.	4. No rapid decline in mental or physical powers.
5. Symptoms of a general nature.	3. Local symptoms.
6. Speech usually unimpaired.	6. Speech often impaired.
7. Great irritability of temper.	7. Temper not especially excitable.
8. Choked discs appear late if at all.	8. Choked discs appear early.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chronic Meningitis.	**Cerebral Softening.**
1. History of head injury or blood disease.	1. Often a history of apoplexy.
2. No contraction of muscles.	2. Muscular contraction.
3. Mental excitement.	3. Mental apathy.
4. Great irritability of temper.	4. Temper not excitable.
5. Speech usually unimpaired.	5. Speech frequently affected.
6. No disease of heart or arteries.	6. Heart or arterial disease common.
7. Constant headache.	7. Inconstant headache.
8. No well-marked paralysis.	8. Paralysis usually well marked.
Tubercular Meningitis.	**Infantile Remittent Fever.**
1. History of tuberculosis.	1. History of gastro-enteritis.
2. Vomiting projectile.	2. Vomiting retching.
3. Constipation.	3. Diarrhœa.
4. Abdomen retracted.	4. Abdomen distended.
5. No special thirst.	5. Great thirst.
6. Flushing of one cheek.	6. Flushing of both cheeks.
7. Pulse slow at first.	7. Pulse rapid.
8. Pupils contracted.	8. Pupils normal.
9. Fever irregularly remittent.	9. Fever regularly remittent.

Tubercular Meningitis. **Acute Meningitis.**

See Acute Meningitis, page 140.

Tubercular Meningitis. **Spurious Hydrocephalus.**

See Spurious Hydrocephalus, page 64.

Tubercular Meningitis. **Tubercular Enteritis.**

See Tubercular Enteritis, page 64.

Tubercular Meningitis. **Epidemic Cerebro-Spinal Meningitis.**

See Epidemic Cerebro-Spinal Meningitis, page 122.

Cerebral Softening. **Chronic Meningitis.**

See Chronic Meningitis, above.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cerebral Softening.	**Cerebral Tumor.**
1. History of apoplexy or heart disease common.	1. Negative history.
2. Headache dull and diffuse.	2. Local pain in head.
3. Speech and intellect usually affected.	3. Speech and intellect not greatly implicated.
4. No facial paralysis.	4. Facial paralysis common.
5. Epileptiform convulsions uncommon.	5. Frequent epileptiform convulsions.
6. Symptoms steadily progressing.	6. Symptoms irregular and of long duration.
7. Limbs chiefly affected.	7. Cranial nerves affected; choked discs.
Cerebral Softening.	**Cerebral Abscess.**
1. History of apoplexy or heart disease common.	1. History of head injury or disease of ear.
2. Disease of months' duration.	2. Disease of weeks' duration.
3. No chills or fever.	3. Chills, fever, and sweating.
4. Headache dull and diffuse.	4. Headache local and acute.
5. Hemiplegia and muscular contractions common.	5. Hemiplegia and contractions rare.
6. Speech and intellect affected early.	6. Speech, intellect, etc., not early affected.
Cerebral Apoplexy.	**Cerebral Embolus.**
1. Disease of old people.	1. Disease of young people.
2. Arteries usually diseased.	2. History frequently of heart disease.
3. Aphasia uncommon.	3. Aphasia common.
4. Complete hemiplegia.	4. Partial hemiplegia.
5. Frequent loss of consciousness.	5. Loss of consciousness uncommon.
6. No sudden improvement in the paralysis.	6. Improvement in symptoms often followed by a sudden relapse.
7. Pulse slow and full.	7. Pulse rapid and feeble.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cerebral Apoplexy.	**Cerebral Embolus.**
8. Pupils unequal.	8. Pupils normal.
9. Vomiting common.	9. Rarely vomiting.
10. Breathing stertorous.	10. Breathing normal.
Apoplexy or Embolus.	**Uræmia.**
See Uræmia, page 91.	
Apoplexy or Embolus.	**Alcoholism.**
See Alcoholism, page 132.	
Apoplexy or Embolus.	**Opium Poisoning.**
1. Pupils irregular.	1. Pupils "pin-head."
2. Convulsions common.	2. No convulsive movements.
3. Coma appears suddenly.	3. Coma deepens gradually.
4. Pulse irregular and full.	4. Pulse slow and regular.
5. Hemiplegia.	5. No paralysis.
6. Stertor.	6. Shallow, irregular breathing.
7. Face flushed.	7. Face pale and cyanotic.
8. No odor to breath.	8. Odor of opium about patient.
9. Respirations hurried.	9. Respirations slow.
10. Skin hot.	10. Skin cool and perspiring.
Apoplexy or Embolus.	**Hysteria.**
1. History of heart or arterial disease.	1. History of hysteria.
2. Pupils irregular, pulse slow.	2. Pupils regular, pulse rapid.
3. Breathing stertorous and hurried.	3. Breathing catching and sobbing.
4. Frequent loss of sensation.	4. Hyperæsthesia common.
5. Administration of ether gives a negative result.	5. Paralyzed limbs moved during ether administration.
6. Moral treatment has no effect.	6. Moral treatment curative.
Apoplexy or Embolus.	**Epilepsy.**
1. History of heart or other arterial disease.	1. History of epilepsy.
2. Tongue never bitten.	2. Tongue frequently bitten.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Apoplexy or Embolus.	**Epilepsy.**
3. No permanent rapid improvement.	3. Rapid improvement.
4. No bloody froth about mouth.	4. Bloody froth about mouth.
5. Pulse full and slow.	5. Rapid, irregular, and feeble pulse.
6. Paralysis follows the coma.	6. Sleep follows the coma.
7. Coma deepening.	7. Coma alternating with hysterical symptoms.
8. Paralyzed side hot and red.	8. Both sides the same.
Apoplexy or Embolus.	**Asphyxia.**
1. Face pale or congested.	1. Face turgid and cyanotic.
2. Breathing stertorous.	2. Distressed and embarrassed breathing.
3. Hemiplegia common.	3. No paralysis.
4. Pupils irregular.	4. Pupils regular.
5. Pulse full and strong.	5. Pulse small and rapid.
6. Reflexes absent and temperature higher on paralyzed side.	6. Reflex and temperature the same on both sides.
7. Blood red.	7. Blood blue.
Cerebral Abscess.	**Cerebral Tumor.**
1. History of injury to the head or disease of the ear.	1. Negative history.
2. Emaciation.	2. No rapid emaciation.
3. Chills and sweatings.	3. No chills or sweats.
4. No local paralysis.	4. Local paralysis of long standing.
5. No choked discs.	5. Choked discs.
6. Headache sudden in development.	6. Headache gradually increasing.
7. Epileptiform convulsions, and succeeded by paralysis.	7. Spasm of single muscles or group of muscles, and not followed by paralysis.
8. Rapid disease.	8. Slow disease.
Cerebral Abscess.	**Cerebral Softening.**

See Cerebral Softening, page 144.

Cerebral Tumor. **Chronic Meningitis.**

See Chronic Meningitis, page 140.

NAME OF DISEASE. DISEASES TO BE DIFFERENTIATED.

Cerebral Tumor. **Cerebral Softening.**

See Cerebral Softening, page 142.

Cerebral Tumor. **Cerebral Abscess.**

See Cerebral Abscess, page 144.

Cerebral Concussion.

1. Symptoms appear immediately.
2. Power of speech retained.
3. Special senses retained.
4. Noiseless respiration.
5. Feeble and frequent pulse.
6. Sphincters relaxed.
7. Nausea and vomiting.
8. No paralysis.
9. Pupils contracted and regular.
10. Lids open and movable.
11. Skin cool and pale.
12. Mental faculties not abolished.

Cerebral Compression.

1. Symptoms appear gradually.
2. Power of speech lost.
3. Special senses blunted.
4. Stertorous breathing.
5. Slow and full pulse.
6. Sphincters contracted.
7. No vomiting.
8. Hemiplegia common.
9. Pupils dilated and irregular.
10. Eyelids shut.
11. Skin hot and red.
12. Mental faculties abolished.

DISEASES OF THE CORD.

Spinal Meningitis.

1. No traumatic history.
2. Face not peculiar.
3. No jaw symptoms.
4. Great pain on motion.
5. Spasm produced by attempts to move.
6. Paralysis follows spasms.
7. Temperature elevated.

Tetanus.

1. History of traumatism.
2. *Risus sardonicus.*
3. Lockjaw.
4. Intense hyperæsthesia.
5. Spasm caused by external irritation.
6. No paralysis.
7. Temperature nearly normal.

Spinal Meningitis.

1. Fever.
2. Marked rigidity of spine.
3. Cutaneous hyperæsthesia.

Lumbago.

1. Temperature normal.
2. Apparent rigidity of spine.
3. No cutaneous hyperæsthesia.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Spinal Meningitis.	**Lumbago.**
4. Spasms.	4. No convulsions.
5. Paralysis.	5. No paralysis.
6. No tenderness on pressure.	6. Tenderness on pressure over origin and insertion of muscles.
7. Shooting pains along the course of the spinal nerves.	7. No shooting pain along spinal nerves.
Spinal Meningitis.	**Myelitis.**
1. Pain increased by moving.	1. Pain increased by pressure.
2. Pain shoots in direction of spinal nerves.	2. No darting pains along nerves.
3. Tonic spasm of back and other muscles.	3. No tonic convulsions.
4. Increased reflex irritation.	4. Diminished reflex action.
5. Urine normal until paralysis is well marked.	5. Urine alkaline.
6. No constricting bands.	6. Constriction about waist.
7. Sphincters not affected.	7. Constipation and incontinence or retention of urine.
8. No bed-sores.	8. Bed-sores form early.
9. Moderate paralysis.	9. Paraplegia.
10. Short duration.	10. Disease of long duration.
11. Temperature elevated.	11. Temperature normal usually.
12. Electro-contractility of muscle preserved.	12. Diminished electro-contractility of paralyzed muscles.
13. Hyperæsthesia of skin.	13. Anæsthesia of affected parts.
Myelitis.	**Spinal Congestion.**
1. Paralysis well-marked.	1. Paralysis usually slight.
2. Urine alkaline.	2. No urinary symptoms.
3. Pain on pressure along cord.	3. No pain in cord on pressure.
4. Constricting band about waist.	4. No constricting bands.
5. Bed-sores.	5. No bed-sores.
6. Anæsthesia well marked.	6. Usually hyperæsthesia.
7. Wasting of muscles affected.	7. No wasting of muscles.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Myelitis.	**Spinal Congestion.**
8. Paralysis progressive.	8. Diminishing paralysis.
9. Paralysis of sphincters.	9. Sphincters normal.
10. Electro-contractility of muscles diminished.	10. Electro-contractility of muscles preserved and sometimes increased.
Myelitis.	**Spinal Apoplexy.**
1. Fever.	1. Temperature normal.
2. Paralysis usually appears gradually after exposure to cold, etc.	2. Paralysis comes on suddenly—often the result of injury.
3. Bladder symptoms appear gradually.	3. Bladder symptoms appear suddenly.
4. Subjective sensation in feet, etc.	4. No subjective sensations.
5. No convulsions.	5. Twitching of affected muscles common.
6. Pain in spine increased on pressure.	6. No pain in cord on pressure.
Myelitis.	**Spinal Meningitis.**
See Spinal Meningitis, page 146.	
Myelitis.	**Polio-myelitis Anterior.**
1. Paralysis of sphincters.	1. Sphincters normal.
2. Bed-sores.	2. No bed-sores.
3. Anæsthesia.	3. Anæsthesia absent or slight.
4. Constriction about waist.	4. No constricting bands.
5. Urine alkaline.	5. Urine normal.
6. Paralysis progressive.	6. Symptoms improve under treatment.
7. No rapid wasting of muscles.	7. Rapid wasting of affected muscles.
8. Temperature of affected limbs lower than normal.	8. Temperature of affected limbs higher than normal.
Myelitis.	**Hysterical Paralysis.**
1. History of exposure to cold, syphilis, etc.	1. History of hysteria.
2. Urine scanty and alkaline.	2. Urine acid and abundant.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Myelitis.	**Hysterical Paralysis.**
3. Urine cloudy.	3. Urine clear and limpid.
4. Constriction about waist.	4. Globus hystericus.
5. Reflexes diminished.	5. Reflexes normal or increased.
6. Diminished electro-contractility of muscles.	6. Increased electro-contractility of muscles.
7. Pain on pressure along spine.	7. Pain on pressure over ovaries.
8. Disease of long duration.	8. Disease of short duration.
9. Moral treatment of no effect.	9. Moral treatment curative.
Bulbar Paralysis.	**Tumor of Medulla.**
1. Bilateral disease.	1. Disease unilateral.
2. Progressive paralysis of facial and lingual muscles.	2. Convulsions usually precede the paralysis of muscles.
3. Vomiting inconstant.	3. Frequent vomiting.
4. No severe neuralgic pains.	4. Facial neuralgia.
5. No epileptiform attacks.	5. Epileptiform attacks common.
6. Special senses not especially affected.	6. Special senses affected; choked discs.
Bulbar Paralysis.	**Bulbar Embolus or Apoplexy.**
1. Bilateral disease.	1. Unilateral symptoms predominate.
2. Symptoms appear gradually.	2. Disease develops suddenly.
3. Vomiting infrequent.	3. Frequent vomiting.
4. No convulsions.	4. Epileptiform convulsions.
5. No loss of consciousness.	5. Frequent loss of consciousness.
6. Paralysis confined to cranial nerves usually.	6. Often hemiplegia or paraplegia.
Bulbar Paralysis.	**Progressive Muscular Atrophy.**
1. Paralysis precedes atrophy.	1. Paralysis follows atrophy.
2. Thenar and hypothenar eminences involved late if at all.	2. Thenar centres involved early.
3. Atrophy confined to the muscles supplied by the cranial nerves.	3. Atrophy not confined to muscles supplied by the cranial nerves.
4. Articulation affected early	4. Articulation affected late if at all.

Polio-myelitis Anterior.

1. Pain not severe.
2. Paralysis.
3. Normal balancing power.
4. Coördinate movements.
5. Loss of electro-contractility of muscles.
6. Muscular atrophy well marked.
7. No joint or eye symptoms.

Locomotor Ataxia.

1. Lightning-like pains.
2. No true paralysis.
3. Loss of balancing power.
4. Incoördinate movements especially marked when the eyes are closed.
5. Electro-contractility of the muscles preserved.
6. No muscular atrophy.
7. Joints swollen, impaired eyesight, etc.

Polio-myelitis Anterior.

Myelitis.

See Myelitis page 146.

Polio-myelitis Anterior.

1. Paroxysmal increase of paralysis.
2. Paralysis precedes atrophy.
3. Reflexes impaired early.
4. Early loss of muscular electro contractility.
5. Temperature highest in affected limbs.
6. General atrophy of affected parts.
7. No fibrillary contractions.
8. Pain not severe.
9. Rapid disease.
10. Begins in muscles of lower extremity.

Progressive Muscular Atrophy.

1. Steadily progressive paralysis.
2. Paralysis follows atrophy.
3. Reflexes not impaired until late.
4. Electro-contractility of muscles preserved.
5. Low temperature in affected parts.
6. Atrophy of one muscle follows another.
7. Fibrillary contractions of muscles.
8. Fulminating pains.
9. Very slow disease.
10. Usually begins in small muscles of thumb.

Polio-myelitis Anterior.

1. Large muscles early affected.
2. Begins in lower extremity.
3. No rigidity of affected limbs.

Amyotrophic Lateral Sclerosis.

1. Small muscles first affected.
2. Often attacks upper extremities first.
3. Well-marked rigidity of affected parts.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Polio-myelitis Anterior.	**Amyotrophic Lateral Sclerosis.**
4. No well-marked contractions of fingers or toes.	4. "Bird-claw" contractions of fingers and toes.
5. Reaction of degeneration.	5. No reaction of degeneration.
6. Diminished tendon reflex.	6. Increased tendon reflex.
Progressive Muscular Atrophy.	**Amyotrophic Lateral Sclerosis.**
1. Atrophy precedes the paralysis.	1. Atrophy follows the paralysis.
2. No marked rigidity of affected parts.	2. Rigidity of paralyzed parts.
3. Very slow disease.	4. Disease progresses quite rapidly.
4. Normal tendon reflex.	4. Increased tendon reflex.
5. Loss of electro-contractility of the affected muscles.	5. Electro-contractility of muscles preserved.
6. Usually begins in the muscles of ball of thumb.	6. Usually begins in muscles of lower extremities.
7. Does not affect all the limbs.	7. Affects both extremities.
8. No bulbar paralysis as a rule.	8. Usually bulbar paralysis toward the last.
9. No fibrillary contractions of the muscles.	9. Fibrillary contractions of the affected muscles.
Progressive Muscular Atrophy.	**Polio-myelitis Anterior.**
See Polio-myelitis Anterior, page 149	
Cerebro-spinal Sclerosis. (Multiple Sclerosis.)	**Paralysis Agitans.**
1. No tremor when patient is at rest.	1. Continued muscular tremor.
2. Disease of young adults.	2. Disease of the aged.
3. Shaking of the head.	3. No violent shaking of the head.
4. Change in voice and speech.	4. Speech slow.
5. Tendon reflex greatly increased.	5. Normal tendon reflex.
6. Patient has no tendency to run forward.	6. Patient has a tendency to run forward when starting to walk.
7. Disease usually begins in the lower extremities.	7. Usually first noticed in the hands.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cerebro-spinal Sclerosis.	**Paralysis Agitans.**
8. No rigidity of the limbs.	8. Limbs become rigid.
9. No peculiar physiognomy.	9. Features present a peculiar physiognomy.
10. Voluntary motion beyond control.	10. Voluntary motion can be accomplished, but with trembling.
11. Patient peevish and childish.	11. Intellect remains good.
12. Periods of marked improvement.	12. Disease steadily progressive.
Cerebro-spinal Sclerosis.	**Amyotrophic Lateral Sclerosis.**
1. Tendon reflex greatly increased.	1. Tendon reflex slightly increased.
2. Muscular atrophy not marked.	2. Well-marked muscular atrophy.
3. Voluntary motion beyond control.	3. Coördinate voluntary motion.
4. No fibrillary contractions.	4. Fibrillary contractions of muscles.
5. No claw-like appearance of fingers, etc.	5. Claw-like contractions of fingers and toes.
6. Mental disturbance.	6. Intelligence good.
7. No rigidity of affected parts.	7. Rigidity of affected parts.
8. Periods of marked improvement.	8. Disease steadily progressive.
Cerebro-spinal Sclerosis.	**Chorea.**
1. Disease of young adults.	1. Disease of childhood.
2. Voluntary motion beyond control.	2. Voluntary motion under control, but incoördinate.
3. Increased tendon reflex.	3. Normal tendon reflex.
4. No tremor when quiet.	4. Jactitations when quiet and often during sleep.
5. Patient can keep quiet if he tries.	5. Choreic movements more marked when patient tries to appear quiet.
6. Both sides affected alike.	6. No symmetrical distribution of symptoms ; often confined to one side.
7. Movements the same in character.	7. Movements irregular and rapidly changing.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Locomotor Ataxia.	**Cerebellar Disease.**
1. No headache or vertigo.	1. Headache and vertigo common.
2. No vomiting.	2. Frequent vomiting.
3. Paraplegic symptoms.	3. Hemiplegia.
4. Gait abrupt and jerky.	4. Drunken gait.
5. Cutaneous sensibility greatly impaired.	5. Normal cutaneous sensibility.
6. Walking much more difficult with eyes closed.	6. Patient walks much better with the eyes closed.
7. Absence of knee-jerk.	7. Normal reflexes.
8. Lightning-like pains.	8. No severe neuralgic pains.

Locomotor Ataxia. **Polio-myelitis Anterior.**

See Polio-myelitis Anterior, page 149.

Amyotrophic Lateral Sclerosis. **Progressive Muscular Atrophy.**

See Progressive Muscular Atrophy, page 150.

Amyotrophic Lateral Sclerosis. **Polio-myelitis Anterior.**

See Polio-myelitis Anterior, page 149.

Amyotrophic Lateral Sclerosis. **Cerebro-spinal Sclerosis.**

See Cerebral-spinal Sclerosis, page 150.

FUNCTIONAL NERVOUS DISEASES.

Epilepsy. **Apoplexy.**

See Apoplexy, page 91.

Epilepsy. **Uræmia.**

See Uræmia, page 91.

Epilepsy (Coma).	**Opium Poisoning.**
1. History of epilepsy.	1. History usually negative.
2. Coma preceded by convulsions.	2. No convulsive seizures.
3. Pupils dilated.	3. Pupils contracted.
4. Temperature elevated.	4. Temperature normal or subnormal.
5. Tongue bitten.	5. No injury to tongue.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Epilepsy (Coma).	**Opium Poisoning.**
6. Respiration normal or rapid.	6. Slow, shallow respiration.
7. No odor to breath.	7. Odor of opium about patient.
8. Skin hot and dry.	8. Skin cool and moist.
9. Pulse rapid.	9. Pulse slow.
10. Bloody froth about mouth.	10. No frothy mucus about mouth.
Epilepsy.	**Hysteria.**
1. History of epilepsy.	1. History of hysteria.
2. Temperature elevated.	2. Temperature normal.
3. General muscular rigidity.	3. No general muscular rigidity.
4. *Aura epileptica.*	4. Globus hystericus.
5. Anæsthesia.	5. Hyperæsthesia.
6. Attacks both sexes.	6. Attacks females.
7. No apparent cause.	7. Caused by menstrual disorders.
8. Highly-colored urine.	8. Urine abundant, clear, and limpid.
9. No ovarian tenderness.	9. Ovarian tenderness.
10. Face cyanosed.	10. Face flushed.
11. Complete loss of consciousness.	11. Loss of consciousness incomplete, and accompanied with sobbing, grinding of teeth, etc.
12. Biting of tongue.	12. Tongue not bitten.
13. Pupils insensible to light.	13. Pupils sensitive.
14. Countenance distorted.	14. No distortion of countenance.
15. Convulsions tonic, then clonic.	15. Clonic convulsions.
16. Paroxysms of short duration.	16. Paroxysms often of some length.
17. Paroxysms followed by sleep.	17. Paroxysms followed by wakefulness.
18. Eyelids half-open.	18. Eyelids closed.
Epilepsy.	**Syncope.**
1. Loss of consciousness sudden.	1. Loss of consciousness comes on slowly.
2. Coma preceded by convulsions.	2. Coma preceded by a weak, faint feeling.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Epilepsy.	**Syncope.**
3. Rapid recovery.	3. Slow recovery.
4. Loss of consciousness of short duration.	4. Patient remains unconscious for some time.
5. No recollection of the attack.	5. Patient can recall the facts connected with the attack.
6. Pulse not greatly affected.	6. Pulse very weak, hardly felt at the wrist.
7. Hands warm.	7. Hands and feet very cold.
Epilepsy.	**Convulsions Due to Organic Brain Disease.**
1. History of epilepsy.	1. History of a brain disorder.
2. Advent sudden.	2. Advent slow.
3. Attack followed by sleep.	3. Attack often followed by impaired intellect.
4. Apparently a complete recovery from the attack.	4. Symptoms of brain disorder usually more marked after an epileptiform attack.
5. Attack preceded by a well-marked *aura*.	5. No *aura epileptica*.

Hysteria. **Myelitis.**

See Myelitis, page 147.

Hysteria. **Epilepsy.**

See Epilepsy, page 153.

Hysteria. **Uræmia.**

See Uræmia, page 91.

Hysteria. **Acute Peritonitis.**

See Acute Peritonitis, page 69.

Hysteria. **Hydrophobia.**

See Hydrophobia, page 123.

NAME OF DISEASE. DISEASES TO BE DIFFERENTIATED.

Hysteria. **Chronic Laryngitis.**

See Chronic Laryngitis, page 16.

Hysteria. **Angina Pectoris.**

See Angina Pectoris, page 42.

Hysteria. **Cancer of the Œsophagus.**

See Cancer of the Œsophagus, page 54.

Chorea. **Cerebro-Spinal Sclerosis.**

See Cerebro-Spinal Sclerosis, page 151.

Chorea.	**Paralysis Agitans.**
1. Disease usually of young people.	1. Disease of adults.
2. Spasmodic contraction of muscles.	2. Great muscular weakness.
3. Loss of muscular control.	3. Muscular tremor.
4. No general disturbance.	4. Signs of general decay.
5. Symptoms usually more marked upon one side.	5. Both sides of body alike affected.
6. No muscular rigidity.	6. Muscular rigidity well marked.
7. No peculiar physiognomy.	7. Physiognomy peculiar.
8. No tendency to run forward.	8. Patient loses balance when about to walk and runs forward.

Tetanus. **Spinal Meningitis.**

See Spinal Meningitis, page 145.

Tetanus. **Hydrophobia.**

See Hydrophobia, page 123.

Tetanus.	**Strychnine Poisoning.**
1. History of traumatism.	1. No traumatic history.
2. Arms and legs last affected.	2. Extremities first affected.
3. No epigastric pain.	3. Severe epigastric pain.
4. Slow development of disease.	4. Advent sudden.
5. Spasms affect the jaws first.	5. Jaws secondarily affected.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Tetanus.	**Strychnine Poisoning.**
6. Some spasmodic rigidity constantly present.	6. Complete muscular relaxation in interval between spasms.
7. Disease lasts usually for several days.	7. Attack of short duration.
Paralysis Agitans.	**Cerebro-Spinal Sclerosis.**

See Cerebro-Spinal Sclerosis, page 150.

Paralysis Agitans.	**Chorea.**

See Chorea, page 155.

Paralysis Agitans.	**General Paralysis of the Insane.**
1. Voice slow.	1. Voice tremulous.
2. Intelligence remains good until late in the disease.	2. Intelligence early affected.
3. Physiognomy peculiar.	3. Dull expression to face.
4. Peculiar gait.	4. No peculiar gait.
5. No trembling of the head.	5. Head unsteady.
6. Tremor constantly present.	6. Inconstant tremor.
7. Disease of long duration.	7. Rapid progressive disease.
8. Unaltered cutaneous sensibility.	8. Altered cutaneous sensibility.

DIFFERENTIAL DIAGNOSIS OF COMA.

DIFFERENTIAL DIAGNOSIS OF COMA.

FORMS OF COMA TO BE DIFFERENTIATED.

Uræmic.	Hysterical.
Apoplectic.	Congestive (sunstroke.)
Narcotic (opium.)	Asphyxial.
Alcoholic.	Anæmic (syncope.)
Diabetic.	Cerebral, due to injury to brain.
Epileptic.	

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Uræmic Coma.	**Apoplectic Coma.**
	See Uræmia, page 91.
Uræmic Coma.	**Narcotic Coma.**
	See Uræmia, page 92.
Uræmic Coma.	**Alcoholic Coma.**
	See Uræmia, page 92.
Uræmic Coma.	**Hysterical Coma.**
	See Uræmia, page 91.
Uræmic Coma.	**Epileptic Coma.**
	See Uræmia, page 91.

Uræmic Coma.	**Diabetic Coma.**
1. History of Bright's disease.	1. History of diabetes.
2. Albumen and casts in urine.	2. Sugar in urine.
3. Begins with delirium or convulsions.	3. Begins with somnolency and great oppression.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Uræmic Coma.	**Apoplectic Coma.**
4. Urine scanty and retained.	4. Urine abundant and passed involuntarily.
5. General œdema.	5. Emaciation.
6. Uriniferous odor about patient.	6. Sweet odor to breath and urine.
7. Pulse strong and full.	7. Pulse weak and small.
Uræmic Coma.	**Asphyxia.**
1 History of Bright's disease.	1. Of exposure to foul air.
2. General œdema.	2. Œdema of lungs.
3. Urine albuminous.	3. Urine negative.
4. Face waxy.	4. Tongue and lips livid and blue.
5. Breathing stertorous.	5. Breathing embarrassed.
6. Uriniferous smell about patient.	6. Breath contains large amount of carbonic acid.
7. Heart's action usually good.	7. Heart action greatly embarrassed.
Uræmic Coma.	**Congestive Coma.** (Sunstroke.)
1. History of Bright's disease.	1. Of exposure to heat.
2. Temperature low.	2. Temperature high.
3. Coma and repeated convulsions.	3. Coma without or with slight convulsions.
4. Breathing stertorous.	4. Breathing usually quiet.
5. Urine scanty and albuminous.	5. Urine negative.
6. General œdema.	6. No œdema.
7. Urine retained.	7. Urine passed involuntarily.
8. No diarrhœa.	8. Involuntary diarrhœal discharges.
9. Coma complete.	9. Coma yields readily to treatment.
10. Pulse not very rapid.	10. Pulse rapid.
Apoplectic Coma.	**Alcoholic Coma.**

See Alcoholism, page 132.

Apoplectic Coma.	**Narcotic Coma.**

See Apoplexy, page 143.

NAME OF DISEASE. DISEASES TO BE DIFFERENTIATED.

Apoplectic Coma. **Hysterical Coma.**

See Apoplexy, page 143.

Apoplectic Coma. **Epileptic Coma.**

See Apoplexy, page 143.

Apoplectic Coma. (Cerebral hemorrhage.)	**Coma, Result of Injury.** (Meningeal hemorrhage.)
1. Apoplectic history.	1. History of injury.
2. No signs of injury.	2. Signs of head injury.
3. No oozing from nose or ears.	3. Blood or serous discharge common.
4. Stupor intense from first.	4. Gradually increasing stupor.
5. Hemiplegia.	5. Hemiplegia comes on late, if at all.
6. Remissions infrequent.	6. Frequent remissions.
7. No headache.	7. Headache.
8. Vaso-motor disturbance on affected side.	8. Vaso-motor disturbance uncommon.
9. Convulsions and paralysis limited to one side.	9. Both sides may be affected.

Apoplectic Coma.	**Diabetic Coma.**
1. Hemiplegia.	1. No true paralysis.
2. Begins suddenly.	2. Slowly, with somnolency.
3. Slow, full pulse.	3. Rapid, weak pulse.
4. Respiration slow and stertorous.	4. Rapid respiration.
5. Urine negative.	5. Sugar in urine.
6. Urine often retained.	6. Passed involuntarily in large quantities.
7. Temperature elevated, especially on paralyzed side.	7. Temperature normal.
8. Pupils irregular.	8. Pupils regular.
9. Deviation of head and eyes.	9. No deviation.

Apoplectic Coma. **Asphyxia.**

See Apoplexy, page 144.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Apoplectic Coma.	**Congestive Coma.** (Sunstroke.)
1. Apoplectic history.	1. Exposure to heat.
2. Appears suddenly.	2. Usually comes on gradually.
3. Temperature higher on paralyzed side.	3. Temperature very high on both sides.
4. Hemiplegia.	4. No true paralysis.
5. Pupils irregular.	5. Pupils contracted.
6. Breathing loudly stertorous.	6. Stertor absent or low.
7. Deviation of head and eyes.	7. No deviation.
8. Retention of fæces.	8. Involuntary diarrhœal discharges.
9. Increasing coma.	9. Coma diminishes on appropriate treatment.
10. Pulse slow and full.	10. Pulse rapid and often feeble.
Alcoholic Coma.	**Narcotic Coma.**

See Alcoholism, page 133.

Alcoholic Coma.	**Epileptic Coma.**
1. History of alcoholism.	1. History of epilepsy.
2. Breath smells of alcohol.	2. No odor to breath.
3. Alcohol in urine.	3. Urine negative.
4. Temperature low.	4. Temperature high.
5. Tongue negative.	5. Tongue bitten.
6. Face flushed and swollen.	6. Face cyanotic with froth about mouth.
7. No loss of semen.	7. Frequently is.
8. "Steamboat" respiration.	8. No stertorous breathing.
9. Can be aroused by inhalation of ammonia.	9. Cannot be aroused.
10. Coma lasts for hours.	10. Coma of short duration.
11. Not preceded by convulsions.	11. Coma follows convulsions.
Alcoholic Coma.	**Congestive Coma.** (Sunstroke.)

See Alcoholism, page 133.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Alcoholic Coma.	**Asphyxia.**
1. History of alcoholism.	1. Of breathing impure air.
2. Can be aroused.	2. Cannot be aroused.
3. Pulse full and strong.	3. Pulse small and weak.
4. Pupils dilated.	4. Pupils contracted.
5. Alcohol in urine.	5. Urine negative.
6. Face flushed and red.	6. Face and lips blue.
7. Steamboat respiration.	7. Shallow and embarrassed breathing.
8. Breath smells of alcohol.	8. Frequently of gas.
Alcoholic Coma.	**Diabetic Coma.**
1. Breath smells of alcohol.	1. Sweet odor to breath.
2. Pulse full and strong.	2. Pulse rapid and weak.
3. Alcohol in urine.	3. Sugar in urine.
4. Urine retained.	4. Urine passed involuntarily and in large amounts.
5. Can be aroused.	5. Cannot be aroused.
6. Begins with delirium.	6. Begins with somnolency.
7. Respiration slow and steamboat quality.	7. Respiration shallow and rapid.
8. Coma gradually lessens.	8. Coma deepens.
Alcoholic Coma.	**Hysterical Coma.**
1. History of alcoholism.	1. History of hysteria.
2. Usually seen in males.	2. Occurs in females.
3. Stertorous breathing.	3. No stertor.
4. Vomiting common.	4. No vomiting.
5. Coma continuous.	5. Coma alternates with hysterical delirium.
6. Urine retained.	6. Incontinence of urine.
7. Urine high-colored and contains alcohol.	7. Urine abundant and clear.
8. Breath smells of alcohol.	8. No odor to breath.
Epileptic Coma.	**Hysterical Coma.**

See Epilepsy, page 153.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Epileptic Coma.	**Narcotic Coma.**

See Epilepsy, page 152.

Epileptic Coma.	**Syncope.**

See Epilepsy, page 153.

Epileptic Coma.	**Asphyxia.**
1. History of epilepsy.	1. Of breathing impure air.
2. Preceded by convulsions.	2. May end in convulsions.
3. Coma of short duration.	3. Profound coma.
4. Temperature elevated.	4. Temperature low.
5. Pulse not greatly affected.	5. Pulse weak, rapid, and small.
6. Face covered with foam.	6. No saliva about the mouth.
7. Breathing not restrained.	7. Breathing embarrassed.
8. Face pale.	8. Face and lips very blue.

Epileptic Coma.	**Diabetic Coma.**
1. Begins with convulsions.	1. Begins with somnolency.
2. Face cyanotic.	2. Face pale.
3. Pulse not affected.	3. Pulse weak and rapid.
4. Temperature elevated.	4. Not affected.
5. Breathing normal.	5. Breathing very rapid.
6. Urine negative.	6. Urine contains sugar.
7. Coma of short duration.	7. Coma ends in death.
8. Seminal emissions.	8. Incontinence of urine.

Opium Coma.	**Hysterical Coma.**
1. Comes on gradually.	1. Appears suddenly.
2. Pupils contracted.	2. Pupils normal.
3. Pupils insensible.	3. Pupils sensitive to light.
4. Coma deepens gradually.	4. Coma alternates with hysterical delirium.
5. Breathing very slow and irregular.	5. Breathing sighing and rapid.
6. Surface cool and perspiring.	6. Surface flushed and hot.
7. Opium in breath and urine.	7. Incontinence of limpid urine.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Opium Coma.	**Asphyxia.**
1. Pupils contracted.	1. Pupils dilated or normal.
2. Face pale.	2. Face cyanosed.
3. Breathing very slow and irregular.	3. Breathing rapid and embarrassed.
4. Opium in breath and urine.	4. Urine and breath negative or smell of coal gas.
5. Surface cool and perspiring.	5. Surface dry and hot.
6. Heart negative.	6. Heart's action greatly interfered with.
Opium Coma.	**Diabetic Coma.**
1. Breath smells of opium.	1. Sweet breath.
2. Opium in urine.	2. Sugar in urine.
3. Pulse slow.	3. Rapid, weak pulse.
4. Breathing slow and irregular.	4. Rapid breathing.
5. Urine retained.	5. Incontinence of urine.
6. Pupils contracted.	6. Pupils negative.
7. Surface cool and perspiring.	7. Surface dry and hot.
Diabetic Coma.	**Asphyxia.**
1. History of diabetes.	1. Breathing impure air.
2. Respiration rapid.	2. Greatly embarrassed breathing.
3. Urine contains sugar.	3. Urine negative or suppressed.
4. Urine passed involuntarily.	4. Retention of urine.
5. Face pale.	5. Face and lips blue.
6. Sweet smell to breath.	6. Smells of gas frequently.
7. Convulsions uncommon.	7. Occasional convulsions.
8. Coma deepens.	8. Coma diminished by treatment.
Diabetic Coma.	**Congestive Coma.** (Sunstroke.)
1. History of diabetes.	1. Of exposure to heat.
2. Temperature normal.	2. Temperature elevated.
3. Urine contains sugar.	3. Urine negative.
4. Incontinence of urine.	4. Incontinence of fæces,—diarrhœa.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Diabetic Coma.	**Congestive Coma.**
5. Pupils normal.	5. Pupils contracted.
6. Breathing rapid.	6. Respiration normal.
7. Coma deepens.	7. Coma lessens by proper treatment.
Congestive Coma. (Sunstroke.)	**Hysterical Coma.**
1. History of exposure to heat.	1. Hysterical history.
2. Coma well-marked.	2. Coma alternates with hysterical symptoms.
3. Temperature slightly elevated.	3. Temperature very high.
4. Pupils contracted	4. Pupils negative or dilated.
5. Cannot be aroused.	5. Can be aroused.
6. Incontinence of fæces.	6. Incontinence of urine.
7. Diarrhœa.	7. No diarrhœa.
Syncope.	**Asphyxia.**
1. Advent sudden	1. Advent slow.
2. Face pale.	2. Face and lips blue.
3. Coma of short duration.	3. Coma lasts for hours.
4. Breathing weak but not restricted.	4. Breathing greatly embarrassed.
5. Surface cold and perspiring.	5. Surface hot and dry.
6. Heart principally affected.	6. Lungs.
7. Pulse not felt at wrist.	7. Pulse weak and rapid.

INDEX.

A

Abscess of the brain, 144
" perinephritic, 103
" in abdominal wall, 79
" psoas, 62
" of the lung, 26
" of the liver, 78
" retro-pharyngeal, 15, 17
Acid fermentation in stomach, 56
Acute general diseases, 107
Alcoholism, 132
Anæmia, 130
" perniciōus, 130
Anæmic bruit, 44
Aneurism, abdominal, 46
" thoracic, 47
Angina pectoris, 42
Aorta, pulsations of, 46
Aortic obstruction, 43
" regurgitation, 44
Amyotrophic lateral sclerosis, 152
Apoplexy, cerebral, 142
" bulbar, 148
" spinal, 147
Arteries, diseases of, 38, 46
Arthritis deformans, 129
Ascites, 71
Asphyxia, 144
Asthenia, 30
Atelectasis, 25

B

Bladder, spasms of, 103
" distended, 72
Bilious remittent fever, 116
Brain, diseases of, 137
Bright's disease, acute, 93
" " chronic, 94
Bronchitis, acute, 27
" capillary, 27
" chronic, 28
" fetid, 28
Broncho-pneumonia, 24

C

Cæcum, cancer of, 62
" distension of, 62
Calculi, renal, 103
Cancer of cæcum, 62
" kidney, 101
" liver, 82
" the intestines, 65
" lung, 29
" the pleura, 47
" peritoneum, 70, 71
" the œsophagus, 53
" stomach, 57
" rectum, 61
" the tongue, 14
Cancrum oris, 14
Cardiac dilatation, 40, 42
" enlargement, 39
" hypertrophy, 40
" murmurs, 43
Cardialgia, 57
Catarrh of the bile ducts, 77
Cerebellar disease, 152
Cerebro-spinal sclerosis, 150
Chancre, 133
Chancroid, 133

Chicken-pox, 117
Chlorosis, 130
Cholera, 120
" infantum, 60
" morbus, 59
Chorea, 155
Chronic general diseases, 127
Cirrhosis of the liver, 77
Cirrhotic kidney, 95
Colic, hepatic, 85
" intestinal, 67
" renal, 103
" uterine, 68
Coma, 159
Compression of the brain, 145
Concussion of the brain, 145
Congestion of the liver, 76
" " spinal cord, 146
Consolidation of lung tissue, 41
Constipation, chronic, 64
Croup, false, 15
" true or membranous, 15
Cyst of kidney, 84
Cystitis, acute, 103

D

Delirium tremens, 132
Dengue fever, 114
Diabetes, 129
Diarrhœa with hemorrhoids, 60
Digestive tract, diseases of, 51
Dilated heart, 40
Diphtheria, 120
Diphtheritic sore throat, 121
Diseases, acute general, 107
" chronic general, 127
" functional nervous, 139
" of the arteries, 38, 46
" " brain, 137
" " digestive tract, 51
" " liver, 75
" " lungs, 21
" " heart, 37
" " kidneys, 89
" " mouth, 13
" " nervous system, 137
" " peritoneum, 53, 68
Diseases of the spinal cord, 138
" " throat, 13
Displacement of the heart, 41
Dropsy, general, 96
" ovarian, 71
Dysentery, 60
Dyspepsia, 55

E

Embolism, cerebral, 142
" bulbar, 148
Emphysema, 29
Empyema, 33
" pulsating, 33
Endocarditis, 40
" ulcerative, 40
Enlarged gall-bladder, 79, 84
Enteritis, acute, 58
" of children, 60
" tubercular, 64
Epilepsy, 152
Epistaxis, 31
Erysipelas of throat, 121
Erythema, 119

F

Fatty heart, 42
" kidney, 96
" liver, 82
Fevers, 107
Floating kidney, 65
Functional heart murmurs, 40

G

Gall-bladder, enlarged, 79, 84
Gangrene of the lung, 28
Gastritis, acute, 54
" chronic, 55
" toxic, 54
General diseases, acute, 107
" " chronic, 127
" paralysis of insane, 156
Glycosuria, 129
Goitre, cystic, 43
" exophthalmic, 43
Gout, acute, 128
" chronic, 129

H

Heart, diseases of, 37
Hematemesis, 30
Hematinuria, 99
Hematuria, 99
Hemoptysis, 30
Hemorrhage, intestinal, 66
" from bladder, 99
" from urethra, 99
Hemorrhoids, 66
Hydatids of liver, 83
" lung, 32
" kidney, 100
Hydrocephalus, 141
" spurious, 64
Hydronephrosis, 100
Hydrophobia, 123
Hydrothorax, 32
Hysteria, 154
Hysterical change of voice, 16
" stricture of œsophagus, 54

I

Infantile remittent fever, 60
Insane, paralysis of, 156
Intercostal neuralgia, 31
Intermittent fever, 115
Intestinal hemorrhage, 66
" obstruction, 63
" perforation, 67
Intestine, diseases of, 51
Intussusception, 63

J

Jaundice, hematogenous, 86
" hepatogenous, 86
" simple, 81

K

Kidney, diseases of, 89

L

Large white kidney, 94
Laryngitis, acute, 15
" chronic, 16
Larynx, œdema of, 16
" spasmodic affections of, 30
Leucocythemia, 131
Liver, diseases of, 75
Locomotor ataxia, 152
Lungs, diseases of, 21

M

Malignant pustule, 14
Measles, 119
Meningitis, acute, 139
" chronic, 140
" epidemic cerebro-spinal, 122
Meningitis, spinal, 145
" tubercular, 141
Mitral obstruction, 45
" regurgitation, 46
Mouth, diseases of, 13
Murmurs, cardiac, 38, 43
Myalgia, 133
Myelitis, 146

N

Nephritis, 89
Nervous system, diseases of, 137
Neuralgia, 134
" intercostal, 31

O

Œdema of glottis, 16
" lungs, 28
Œsophagus, cancer of, 53
" stricture of, 53
Organic brain disease, 154
" heart disease, 42
Ovarian cyst, 100
" dropsy, 71

P

Pachymeningitis interna, 140
Palpitation of the heart, 42
Paralysis agitans, 156
" bulbar, 148
" of insane, 156

Perforation, intestinal, 67
Pericarditis, 39
Perihepatitis, 84
Perinephritis, 103
Periproctitis, 65
Peritoneum, diseases of, 53, 68
Peritonitis, acute, 68
" chronic, 70
" cancerous, 70, 71
" tubercular, 71
Perityphlitis, 61
Pernicious anæmia, 130
" remittent fever, 116
Phthisical cavities, 32
Phthisis, acute, 25
" chronic, 26
Pleuræ, cancer of, 47
Pleurisy, acute, 31
" with effusion, 32
Pneumonia, acute lobar, 23
" broncho-, 24
Pneumothorax, 32
Poisoning, acute, 54
" opium, 92
" strychnine, 155
Polio-myelitis anterior, 149
Pregnancy, 72
Proctitis, 65
Progressive muscular atrophy, 150
Pseudo leukæmia, 131
Psoas abscess, 62
Pulmonary infarction, 27
" regurgitation, 45
" consolidation, 41
Pulsation, abdominal, 46
Purpura, 131
Pyæmia, 122
Pyelitis, 97
Pylephlebitis, 80
Pyonephritis, 97

R

Relapsing fever, 114
Remittent fever, 115
" " infantile, 60
" " pernicious, 116
Retro-pharyngeal abscess, 15, 17
Rheumatism, acute, 128
" chronic, 129
" gonorrhœal, 128
" muscular, 133
Roseola, 120

S

Scarlet-fever, 118
Scurvy, 131
Septicæmia, 122
Small-pox, 116
Softening of the brain, 141
Sore throat, diphtheritic, 121
Spasmodic affections of larynx 30
Spasm of bladder, 103
Spinal cord, diseases of, 138
Stomach, diseases of, 51, 54
" cancer of, 57
" ulcer of, 57
Stomatitis, follicular, 13
" ulcerative, 14
Sun-stroke, 133
Suppurative nephritis, 98
Syncope, 153
Syphilis, 133
Syphilitic ulcer of tongue, 14

T

Tetanus, 155
Throat, diseases of, 13
Thrush, 13
Tubercle of kidney, 102
Tuberculosis, acute, 111
Trichinosis, 131
Tricuspid regurgitation, 46
Tumor of spleen, 102
" liver, 101
" brain—cerebral, 145
" medulla, 148
Tumors of abdomen, 46
Typhilitis, 61
Typhoid fever, 109
Typho-malarial fever, 110
Typhus fever, 111

U

Ulcer of stomach, 57
" tongue, 14
Uræmia, 91

V

Vertigo, cerebral, 56

W

Waxy kidney, 96
" liver, 82

Y

Yellow atrophy of liver, acute, 80
Yellow fever, 113

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS.

By CONDICT W. CUTLER, M.S., M.D.

EXTRACTS FROM PRESS NOTICES.

"It is a ready helper to the hurried practitioner, and is another of those books that should always be convenient on the doctor's table."—*Virginia Medical Monthly.*

"A most excellent little manual of diagnosis covering all those affections treated of in the text-books of medicine, and presenting, in contrasted tabular form, the conspicuous features common to or distinctive of each. . . . The task seems to have been accomplished in a most thorough and satisfactory way."—*Medical Press of Western New York.*

"This manual has decided merit, and will commend itself to every one engaged in the study of medicine. A brief yet excellent introduction is devoted to the course which should be followed in the examination of patients, and a systematic method is delineated.

"The author has wisely selected only those diseases most liable to be confounded, and has not burdened his manual with unnecessary matter.

"The book thus gains in brevity, is more pointed and concentrated, and yet is sufficiently exhaustive and comprehensive.

"The arrangement of the work is simple and natural, and the method by which it is placed before the eye of the student is excellent. The author displays rare skill and judgment in contrasting diseases. His differentiation is clear but not too sharply drawn, and displays extensive labor and research, as well as practical knowledge.

"This little volume will prove of great assistance to the undergraduates, and is an invaluable aid to the graduate who intends to compete for a hospital appointment."—*New York Medical Journal.*

"The appearance of this book in this form is timely. . . . Its value is chiefly for students, . . . but will serve a useful purpose for older physicians in active practice. . . . It is a good reference-book to set the machinery of thought and differential diagnosis in active and fruitful motion in the mind. . . . The author has done his work with sufficient accuracy to meet professional approbation, and to be of service to the profession.

"It ought to afford valuable hints to lectures on clinical medicine."—*Alienist and Neurologist.*

"He (the author) deserves credit for his careful collation."—*Philadelphia Medical and Surgical Reporter.*

"The arrangement is convenient, and will be helpful to the student in formulating and

making definite in his mind the contrasting as well as the similar features of the various diseases."—*St. Louis Courier of Medicine.*

"The student will find it greatly to his profit to study those (diagnosis tables) of Dr. Cutler, which would serve him as a key to correct his own by, as they are models of thoughtfulness."—*New York Medical Record.*

"The book is an excellent one, . . . and will be appreciated by those who have not time or facilities for reference to larger works."—*Columbus Medical Journal.*

"This little work will be valuable as a book of reference. . . . There are times when such an arrangement, as given by the author, will be found exceedingly convenient. The work is carefully done, and the book presents a very neat appearance. It will save the student many an hour of physical work in writing out tables of differential diagnosis for himself."—*Canada Lancet.*

"It would certainly serve a purpose in the way of assisting students to prepare for written or oral examinations."—*Canada Medical and Surgical Journal.*

"It seems to present the subject well, and attracts one by the pleasant, easy style."—*New England Monthly.*

"The book is unique in its arrangement and in the exact ground covered. . . . It will be the saving of a great deal of work to the student into whose hands it falls. Shorn of the verbiage of larger works, and condensing the pith of all, it is an invaluable book for students in medicine."—*The Medical Analectic.*

"Where diseases are most liable to be confounded with each other, and a careful diagnosis is necessary to decide, this work will certainly lend a helping hand. . . . We commend the work as worthy."—*Medical Brief.*

"We have given it a tolerably careful examination, and are pleased to find it accurate and intelligible. . . . He has succeeded in his endeavors to present to the student and practitioner a digest of symptomatology."—*London Lancet.*

"This will prove a practical and useful manual." . . .—*Nashville Journal.*

"The compact and concise method of tabulating the distinguishing symptoms of disease renders the work available to the busy practitioner in any case of obscure or doubtful diagnosis. . . The book is well printed, and will be found very convenient on the office table."—*Archives of Gynæcology.*

"Tables of the symptoms by which the various diseases may be distinguished from each other, are given in parallel columns; under pneumonia, for instance, four tables in which the symptoms of that disease are contrasted with those produced by acute pleurisy, pleurisy with effusion, acute phthisis, and broncho-pneumonia.

"Tabular statements of this kind are useful, etc."—*British Medical Journal.*

STUDENTS' MANUALS.

Manual of Prescription Writing. By MATTHEW D. MANN, M.D., late Examiner in Materia Medica and Therapeutics in the College of Physicians and Surgeons, New York. Revised edition. 16mo, cloth. $1.00.

Manual of Practical Normal Histology. By T. MITCHELL PRUDDEN, M.D., Director of the Physiologica, and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, N. Y., etc. 16mo, cloth. $1.25.

Students' Manual of Venereal Diseases, being the University Lectures delivered at Charity Hospital, B. I., during the Winter Session of 1879–80. By F. S. STURGIS, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York, etc., etc. Fourth edition. 16mo, cloth. $1.25.

Students' Manual of Diseases of the Skin. By L. D. BULKLEY, M.D. Large 16mo. $1.25.

Students' Manual of the Diseases of the Nose and Throat. By J. M. W. KITCHEN, M.D. 16mo, illustrated, cloth. $1.00.

Students' Manual of the Pharmacopœia of the Diseases of the Throat. By GEORGE M. LEFFERTS, M.D. $1.00.

Students' Manual of Rational Electro-Therapeutics. By R. W. AMIDON, A.M., M.D., Lecturer on Therapeutics at the Woman's Medical College of the N. Y. Infirmary, etc., etc. 16mo. $1.00.

Students' Manual of Diseases of the Nerves. By E. C. SEGUIN, M.D. (*In preparation.*)

G. P. PUTNAM'S SONS, NEW YORK AND LONDON.

Valuable Books for Everybody.

WORK FOR WOMEN. Being Hints to aid Women in the Selection of a Vocation in Life, and Describing the Several Occupations of Short-Hand Writing, Industrial Designing, Photographing, Nursing, Telegraphing, Teaching, Dress-Making, Proof-Reading, Engraving, etc., etc., etc. By George J. Manson. 16mo, boards 60

This book is thoroughly *practical* in character, and aims to be *a real help* to that large and growing class of women who, either from choice or through necessity, are trying to discover *how* they can make a living. The information is thoroughly reliable, having been obtained from the best-known sources, and it is confidently believed that the little book will meet a popular demand.

HOW TO MAKE A LIVING. By George Cary Eggleston, author of "How to Educate Yourself." 16mo, paper 30

"Shrewd, sound, and entertaining."—*N. Y. Tribune.*

"An admirable little treatise, full of sound practical advice."—*Christian Union.*

HOW TO EDUCATE YOURSELF. A complete guide to Students; showing how to study, what to study, and how and what to read. It is, in short, a "Pocket School-master." By George Cary Eggleston. 16mo, 151 pages, paper 30

"We write with unqualified enthusiasm about this book, which is untellably good and for good."—*N. Y. Evening Mail.*

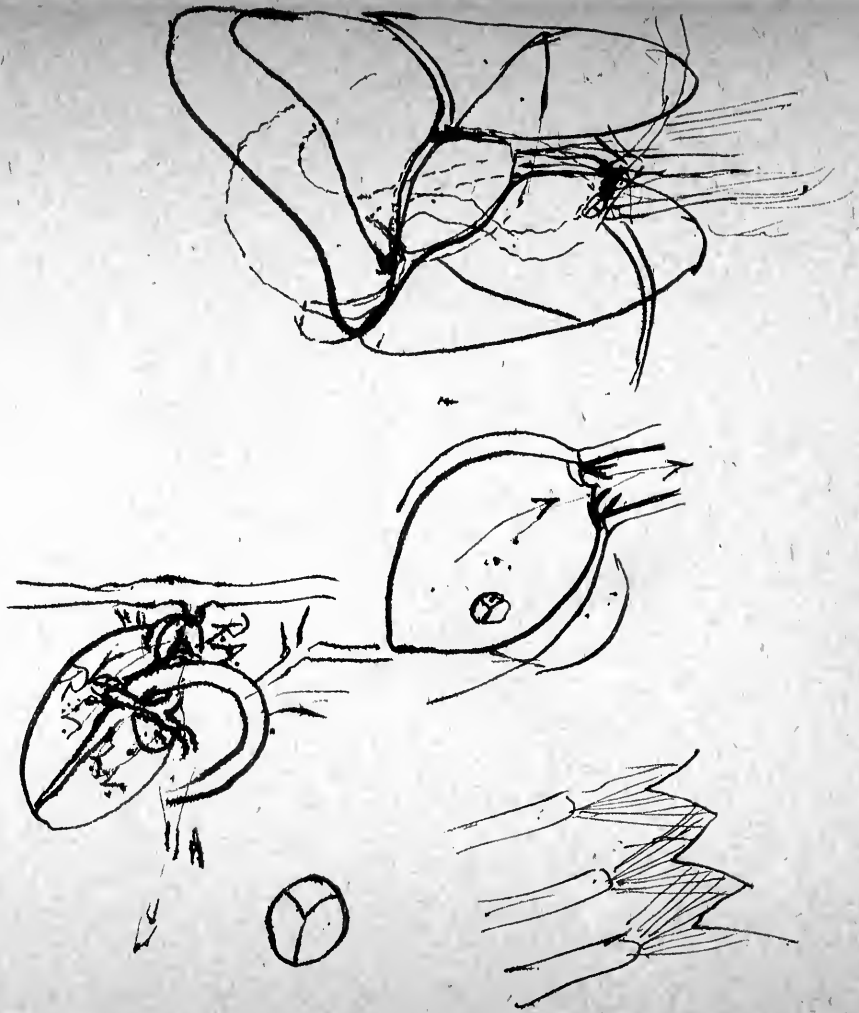
TILL THE DOCTOR COMES, AND HOW TO HELP HIM. By George H. Hope, M.D. Revised, with additions, by a New York physician. A popular guide in all cases of accident and sudden illness. 16mo, 99 pages, paper 30

"A most admirable treatise; short, concise, and practical."—*Harper's Monthly* (Editorial).

"We find this an invaluable little compendium, embracing more information of use to by-standers in time of sickness or accident than we have ever seen put together before. If one will study this small book well, put it in his pocket, and follow its directions carefully, he will often save some poor fellow's life, when a little delay might cause its loss."—*Athol Transcript.*

"A perfect gem for the sick-room, and should be in every family."—*Venango Spectator.*

G. P. PUTNAM'S SONS, PUBLISHERS,
NEW YORK AND LONDON.



COLUMBIA UNIVERSITY LIBRARIES

This book is due on the date indicated below, or at the expiration of a definite period after the date of borrowing, as provided by the rules of the Library or by special arrangement with the Librarian in charge.

DATE BORROWED	DATE DUE	DATE BORROWED	DATE DUE

C28(1140)M100

RC71 C97
1887
Cutler